

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # L07955 (2)**  
 1. Corporation Name  
**GIBRALTAR MAUSOLEUM OF FLORIDA, INC.**



Principal Place of Business  
**2323 W BRANDON BLVD.  
 BRANDON FL 33511  
 US**

Mailing Address  
**1929 ALLEN PKWY  
 DEPT 2934  
 HOUSTON TX 77019  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**08/08/1989**

4. FEI Number  
**59-1276229**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORP SYSTEM  
 1201 HAYS ST  
 STE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and block if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | PD <input type="checkbox"/> DELETE     |
| NAME                       | CLAIBORNE, TIMOTHY J                   |
| STREET ADDRESS             | DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY |
| CITY-ST-ZIP                | HOUSTON TX 77019                       |
| TITLE                      | V <input type="checkbox"/> DELETE      |
| NAME                       | BANGO, FRANK                           |
| STREET ADDRESS             | DPT 2934 9TH FL 1929 ALLEN PKWY        |
| CITY-ST-ZIP                | HOUSTON TX 77019                       |
| TITLE                      | V <input type="checkbox"/> DELETE      |
| NAME                       | CHESLER, RICHARD A                     |
| STREET ADDRESS             | DPT 2934 9TH FL 1929 ALLEN PKWY        |
| CITY-ST-ZIP                | HOUSTON TX 77019                       |
| TITLE                      | STD <input type="checkbox"/> DELETE    |
| NAME                       | GOFF, JOAN B                           |
| STREET ADDRESS             | 1929 ALLEN PKWY                        |
| CITY-ST-ZIP                | HOSUTON TX                             |
| TITLE                      | V <input type="checkbox"/> DELETE      |
| NAME                       | CONKLIN, KENNTH W                      |
| STREET ADDRESS             | DPT 2934 9TH FL 1929 ALLEN PKWY        |
| CITY-ST-ZIP                | HOUSTON TX 77019                       |
| TITLE                      | SD <input type="checkbox"/> DELETE     |
| NAME                       | FRAZIER, MARY J                        |
| STREET ADDRESS             | DEPT 2934 9TH FLOOR 1929 ALLEN PKWY    |
| CITY-ST-ZIP                | HOUSTON FL 77019                       |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | PD FRANK BANGO   |
| 1.3 STREET ADDRESS                                    | 1929 ALLEN PARKWAY, 9TH FL   |
| 1.4 CITY-ST-ZIP                                       | HOUSTON TX 77019   |
| 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | VP TIMOTHY J. CLAIBORNE  |
| 2.3 STREET ADDRESS                                    | 1929 ALLEN PARKWAY, 9TH FL   |
| 2.4 CITY-ST-ZIP                                       | HOUSTON TX 77019   |
| 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  | DIRECTOR SUZANNE DINEFF  |
| 3.3 STREET ADDRESS                                    | 1929 ALLEN PARKWAY, 9TH FL   |
| 3.4 CITY-ST-ZIP                                       | HOUSTON TX 77019   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  | DIRECTOR LISA M. NEWBURN   |
| 6.3 STREET ADDRESS                                    | 1929 ALLEN PARKWAY, 9TH FL   |
| 6.4 CITY-ST-ZIP                                       | HOUSTON TX 77019   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* JOAN B. GOFF/SECRETARY (913) 522-5144

CR2E034 (10/97)