

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 176731 (8)

1. Corporation Name

FORT MYERS MEMORIAL GARDENS, INC.



Principal Place of Business

Mailing Address

% GIBALTAR MAUSOLEUM CORPORATION
9102 N. MERIDIAN ST. #300
INDIANAPOLIS IN 46260

% GIBALTAR MAUSOLEUM CORPORATION
9102 N. MERIDIAN ST. #300
INDIANAPOLIS IN 46260

3. Date Incorporated or Qualified
12/30/1954

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

21 1589 COLONIAL BLVD.

2a. Mailing Address

26 1929 ALLEN PARKWAY

4. FEI Number

59-0709647

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FORT MEYERS FLORIDA

27 9TH FLOOR DEPT 2934

28 HOUSTON TEXAS

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33901

Country

25 USA

Zip

29 77019

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TIGHE, CHARLES
1589 COLONIAL BLVD.
FT. MYERS FL 33901

81 Name
THE PRENTICE HALL CORP SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET SUITE 105

83

84 City
TALLAHASSEE

FL

85 Zip Code
32301

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.

Debra L. Vincent
Assistant Secretary

2/14/96

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETED
PD	BRAMMER, TIMOTHY F.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
VD	BRAMMER, JAY A.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
STD	SHOGER, NEAL G.	9102 N. MERIDIAN ST #300	INDIANAPOLIS IN	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETED
P/D	J. DANIEL GARRISON	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON TEXAS 77019	<input type="checkbox"/>
	FRANK BANGO	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON, TEXAS 77019	<input checked="" type="checkbox"/>
V/D	EARNEST E. POYNTER	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON TEXAS 77019	<input checked="" type="checkbox"/>
S/T/D	JOAN B. GOFF	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	HOUSTON, TEXAS 77019	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN B. GOFF 2/15/96

(713) 525-5571

CR2E034 (12/95)