FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **185134** **(4)**

1. Corporation Name

MANSION MEMORIAL PARK INC

Principal Place of Business	Mailing Address
1404 LEFFINGWELL AVE ELLENTON FL 34222	C/O GIBRALTAR MAUSOLEUM CORPORATION 9102 N MERIDIAN ST. SUITE 300 INDIANAPOLIS IN 46260

2. Principal Place of Business	2a. Mailing Address
21 1400 36TH AVENUE EAST	26 1929 ALLEN PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 9TH FLOOR DEPT 2934
City & State	City & State
23 ELLENTON FL	28 HOUSTON TX
Zip / Country	Zip / Country
24 34222 / 25 USA	29 77019 / 30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
05/10/1955	03/30/1995
4. FEI Number	☐ Applied For ☐ Not Applicable
59-0773684	
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 has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

TIGHE, CHARLES
1589 COLONIAL BLVD
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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 607.0505 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: Debra L. Vincent — Debra L. Vincent — Assistant Secretary — DATE: 2/14/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRAMMER, TIMOTHY F.		1.2 NAME	J. DANIEL GARRISON	
STREET ADDRESS	9102 N. MERIDIAN ST #300		1.3 STREET ADDRESS	1929 ALLEN PKWY, 9TH FLOOR DEPT 2934	
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VD	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	BRAMMER, JAY A.		2.2 NAME	FRANK BANGO	
STREET ADDRESS	9102 N. MERIDIAN ST #300		2.3 STREET ADDRESS	1929 ALLEN PKWY 9TH FLOOR DEPT 2934	
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY-ST-ZIP	HOUSTON TEXAS 77019	
TITLE	STD	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHOGER, NEAL G.		3.2 NAME	EARNEST E. POYNTER	
STREET ADDRESS	9102 N. MERIDIAN ST #300		3.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934	
CITY-ST-ZIP	INDIANAPOLIS IN		3.4 CITY-ST-ZIP	HOUSTON TEXAS 77019	
TITLE		☐ DELETE	4.1 TITLE	STD	☐ Change ☒ Addition
NAME			4.2 NAME	JOAN B. GOFF	
STREET ADDRESS			4.3 STREET ADDRESS	1929 ALLEN PARKWAY 9TH FLOOR DEPT # 2934	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	HOUSTON, TEXAS 77019	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Joan B. Goff — JOAN B. GOFF — 2/15/96 — (713)525-5571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #