

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
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DOCUMENT # 260975 (8)  
1. Corporation Name  
HILLSBORO MEMORIAL GARDENS, INC.

Principal Place of Business 2323 W BRANDON BLVD BRANDON FL 33511 US	Mailing Address 1929 ALLEN PKWY DEPT 2934 HOUSTON TX 77019 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/17/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0979169	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAIBORNE, TIMOTHY J			1.2 NAME	FRANK BANGO		
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY			1.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL		
CITY-ST-ZIP	HOUSTON TX 77019			1.4 CITY-ST-ZIP	HOUSTON TX 77019		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANGO, FRANK			2.2 NAME	TIMOTHY J. CLAIBORNE		
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY			2.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL		
CITY-ST-ZIP	HOUSTON TX 77019			2.4 CITY-ST-ZIP	HOUSTON TX 77019		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESLER, RICHARD A			3.2 NAME	SUZANNE DINEFF		
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY			3.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL		
CITY-ST-ZIP	HOUSTON TX 77019			3.4 CITY-ST-ZIP	HOUSTON, TX 77019		
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOFF, JOAN B			4.2 NAME			
STREET ADDRESS	1929 ALLEN PKWY DEPT 2934			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONKLIN, KENNETH W			5.2 NAME			
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77019			5.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZIER, MARY JANE			6.2 NAME	LISA M. NEWBURN		
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY			6.3 STREET ADDRESS	1929 ALLEN PARKWAY, 9TH FL		
CITY-ST-ZIP	HOUSTON TX 77019			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:

JOAN B. GOFF/SECRETARY

713/522-514

CR2E034 (10/97)