

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

**FILED**

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 285892 (6)**

1. Corporation Name  
**FOUNTAINHEAD MEMORIAL PARK, INC.**

Principal Place of Business <b>7303 BABCOCK ST SE PALM BAY FL 32909</b>	Mailing Address <b>1929 ALLEN PKWY DEPT 2934 HOUSTON TX 77019 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>10/09/1964</b>	Applied For <input type="checkbox"/> Not Applicable
<b>4.</b> FEI Number <b>59-1088279</b>	
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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 PRENTIC EHALL CORP SYSTEM  
1291 HAY ST  
STE 105  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PO	CLAIBORNE, TIMOTHY J J	DPT 2934 9TH 1929 ALLEN PKWY	HOUSTON TX 77019	
V	BANGO, FRANK	1929 ALLEN PKWY DEPT 2934	HOUSTON TX	
VD	CHESLER, RICHARD A	DPT 2934 9TH FL 1929 ALLEN PKWY	HOUSTON TX 77019	
STD	GOFF, JOAN B	1929 ALLEN PKWY DEPT 2934	HOUSTON TX	
V	CONKLIN, KENNETH W	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	HOUSTON TX 77019	
SD	FRAZIER, MARY JANE	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	HOUSTON TX 77019	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	FRANK BANGO	1929 ALLEN PARKWAY, 9TH FL	HOUSTON TX 77019	
V-PRESIDENT	TIMOTHY J CLAIBORNE	1929 ALLEN PARKWAY, 9TH FL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	SUZANNE DINEFF	1929 ALLEN PARKWAY, 9TH FL	HOUSTON TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	LISA M. NEWBURN	1929 ALLEN PARKWAY, 9TH FL	HOUSTON TX 77019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**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* **JOAN B. GOFF/SECRETARY** 713/522-5141

CR2E034 (10/97)