

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 # 305469 (9)

1. Corporation Name

SUNSET MEMORY GARDENS, INC.



Principal Place of Business

Mailing Address

% GIBRALTAR MAUSOLEUM CORPORATION
9102 N. MERIDIAN #300
INDIANAPOLIS IN 46260
US

% GIBRALTAR MAUSOLEUM CORPORATION
9102 N. MERIDIAN #300
INDIANAPOLIS IN 46260
US

3. Date Incorporated or Qualified

05/25/1966

3a. Date of Last Report

03/21/1995

4. FEI Number

59-1144155

Applied For

Not Applicable

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

2. Principal Place of Business

21 11005 US HIGHWAY 301N

Suite, Apt. #, etc.

2a. Mailing Address

26 1929 ALLEN PARKWAY

Suite, Apt. #, etc.

27 9TH FLOOR DEPT 2934

City & State

28 HOUSTON TEXAS

Zip

29 77019

Country

30 USA

23 THONOTOSASSA FL

Zip

24 33592

Country

25 USA

9. Name and Address of Current Registered Agent

TIGHE, CHARLES W.
1589 COLONIAL BLVD
FT 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 607.0507 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 607.0405, Florida Statutes.

Debra L. Vincent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

Assistant Secretary

2/14/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME BRAMMER, TIMOTHY F.
STREET ADDRESS 9102 N MERIDIAN ST #300
CITY-ST-ZIP INDIANAPOLIS IN

TITLE VPD ☒ DELETE

NAME BRAMMER, JAY A.
STREET ADDRESS 9102 N. MERIDIAN ST #300
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ST ☒ DELETE

NAME SHOGER, NEAL G.
STREET ADDRESS 9102 N. MERIDIAN ST. #300
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME J. DANIEL GARRISON
1.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
1.4 CITY-ST-ZIP HOUSTON TEXAS 77019

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME FRANK BANGO
2.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
2.4 CITY-ST-ZIP HOUSTON TEXAS 77019

3.1 TITLE V/D ☒ Change ☐ Addition

3.2 NAME EARNEST E. POYNTER
3.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
3.4 CITY-ST-ZIP HOUSTON, TEXAS 77019

4.1 TITLE S/D ☐ Change ☒ Addition

4.2 NAME JOAN B. GOFF
4.3 STREET ADDRESS 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934
4.4 CITY-ST-ZIP HOUSTON TEXAS 77019

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

2/15/96

(713) 525-5571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)