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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90022 027 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 463882

1. Corporation Name
BEVERLY HILLS MEMORIAL GARDENS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5891 N LECANTO HWY
 BEVERLY HILLS FL 34465
 US**

Mailing Address
**P. O. DRAWER 100
 LUFKIN TX 75902-0100
 US**

3. Date Incorporated or Qualified
10/21/1974

4. FEI Number
59-1563762

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 1929 ALLEN PARYWAY

2a. Mailing Address
26 P O BOX 130548

Suite, Apt. #, etc.
22 10 TH FLOOR

City & State
23 HOUSTON TX

Zip Country
24 77019 25 USA

City & State
27 HOUSTON TX

Zip Country
28 HOUSTON TX 29 77219-0548 30 USA

9. Name and Address of Current Registered Agent
**FERO, LANSE K
 5971 N LECANTO HWY
 BEVERLY HILLS FL 34465**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, III J	1.2 NAME	JOSEPH A BRANDENBURG
STREET ADDRESS	415 FIRST ST STE 210	1.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	LUFKIN TX 75901	1.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, WILLIAM C.	2.2 NAME	KENNETH W CONKLIN
STREET ADDRESS	415 S FIRST ST STE 210	2.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	LUFKIN TX 75901	2.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	VTAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERNER, W. CARDON	3.2 NAME	CURTIS G BRIGGS
STREET ADDRESS	415 S FIRST ST STE 210	3.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	LUFKIN TX 57901	3.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, P. MARK	4.2 NAME	SUZANNE DINEFF
STREET ADDRESS	415 S FIRST ST STE 210	4.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	LUFKIN TX 75901	4.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, BRENT	5.2 NAME	JOHN H LOHMAN JR
STREET ADDRESS	415 S FIRST ST STE 210	5.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	LUFKIN TX 75901	5.4 CITY-ST-ZIP	HOUSTON TX 77019
TITLE	VS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIZA, CYNTHIA K.	6.2 NAME	LISA M NEWBURN
STREET ADDRESS	415 S FIRST ST STE 210	6.3 STREET ADDRESS	1929 ALLEN PARKWAY
CITY-ST-ZIP	LUFKIN TX 75901	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, with all other like empowered.

SIGNATURE: *[Signature]* **JOHN H. LOHMAN, JR.** Date **3/30/99** Daytime Phone # **713/522-5141**

CR2E034 (1/198)