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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000004937

1. Corporation Name

ECI CEMETERY SERVICES OF FLORIDA, INC.

Principal Place of Business

415 S. FIRST STREET - SUITE 210
LUFKIN TX 75901-3800

Mailing Address

PO DRAWER 100
LUFKIN TX 75902-0100
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

4. FEI Number

58-2084554

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1929 ALLEN PARKWAY

Suite, Apt. #, etc.

22 10 TH FLOOR

City & State

23 HOUSTON TX

Zip Country

24 77019

25

2a. Mailing Address

26 P O BOX 130548

Suite, Apt. #, etc.

27

City & State

28 HOUSTON TX

Zip Country

29 77219-0548

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE C
NAME HUNTER, JAMES P III
STREET ADDRESS 415 S. FIRST STREET - SUITE 210
CITY-ST-ZIP LUFKIN TX 75901-3800

☒ DELETE

TITLE P
NAME MCNAMARA, WILLIAM C
STREET ADDRESS 415 S. FIRST STREET - SUITE 210
CITY-ST-ZIP LUFKIN TX 75901-3800

☒ DELETE

TITLE DVPS
NAME HIZA, CYNTHIA K.
STREET ADDRESS 415 S. FIRST STREET - SUITE 210
CITY-ST-ZIP LUFKIN TX 75901-3800

☒ DELETE

TITLE VTAS
NAME GERNER, W CARDON
STREET ADDRESS 415 S. FIRST STREET - SUITE 210
CITY-ST-ZIP LUFKIN TX 75901-3800

☒ DELETE

TITLE DV
NAME MORRIS, P MARK
STREET ADDRESS 415 S. FIRST STREET - SUITE 210
CITY-ST-ZIP LUFKIN TX 75901-3800

☒ DELETE

TITLE V
NAME ROTTMAN, JACK D
STREET ADDRESS 415 S. FIRST STREET - SUITE 210
CITY-ST-ZIP LUFKIN TX 75901-3800

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME JOSEPH A BRANDENBURG
1.3 STREET ADDRESS 1929 ALLEN PARKWAY
1.4 CITY-ST-ZIP HOUSTON TX 77019

☒ Change ☐ Addition

2.1 TITLE VP
2.2 NAME KENNETH W CONKLIN
2.3 STREET ADDRESS 1929 ALLEN PARKWAY
2.4 CITY-ST-ZIP HOUSTON TX 77019

☒ Change ☐ Addition

3.1 TITLE VICE PRESIDENT
3.2 NAME RAY A GIPSON
3.3 STREET ADDRESS 1929 ALLEN PARKWAY
3.4 CITY-ST-ZIP HOUSTON TX 77019

☒ Change ☐ Addition

4.1 TITLE VICE PRESIDENT
4.2 NAME CURTIS G BRIGGS
4.3 STREET ADDRESS 1929 ALLEN PARKWAY
4.4 CITY-ST-ZIP HOUSTON TX 77019

☒ Change ☐ Addition

5.1 TITLE SECRETARY
5.2 NAME SUZANNE DINEFF
5.3 STREET ADDRESS 1929 ALLEN PARKWAY
5.4 CITY-ST-ZIP HOUSTON TX 77019

☒ Change ☐ Addition

6.1 TITLE TREASURER
6.2 NAME JOHN H. LOHMAN, JR.
6.3 STREET ADDRESS 1929 ALLEN PARKWAY
6.4 CITY-ST-ZIP HOUSTON TX 77019

☒ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN H. LOHMAN, JR. 3/30/99 713/522-5141
Date Daytime Phone #