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FILED

**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000430 (6)
1. Corporation Name
GIBRALTAR MAUSOLEUM CONSTRUCTION COMPANY, INC.



Principal Place of Business
1929 ALLEN PARKWAY HOUSTON TX 77019

Mailing Address
1929 ALLEN PARKWAY HOUSTON TX 77019-2507

3. Date Incorporated or Qualified
01/25/1996

3a. Date of Last Report

4. FEI Number
APPLIED FOR 76-0487471

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 Sute, Apt #, etc.

22 City & State

23 Zip Country

24

25

26 1929 ALLEN PARKWAY

27 Suite, Apt #, etc. DEPT 2934 9TH FLOOR

28 HOUSTON, TEXAS 77019

29 Zip Country

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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

85 Zip Code

FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOUDREAU, BARRY C	
STREET ADDRESS	9102 N. MERIDIAN STREET, #320	
CITY - ST - ZIP	INDIANAPOLIS IN 46260	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRAY, ROBERT J	
STREET ADDRESS	9102 N. MERIDIAN STREET, #320	
CITY - ST - ZIP	INDIANAPOLIS IN 46260	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORGAN, WILLIAM O	
STREET ADDRESS	9102 N. MERIDIAN STREET, #320	
CITY - ST - ZIP	INDIANAPOLIS IN 46260	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ALEXANDER, DENNIS B	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY - ST - ZIP	HOUSTON TX 77019	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	MCGINLEY, THOMAS J	
STREET ADDRESS	9102 N. MERIDIAN STREET, #320	
CITY - ST - ZIP	INDIANAPOLIS IN 46260	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRIGGS, CURTIS G	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY - ST - ZIP	HOUSTON TX 77019	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *John H. Lohman, Jr.* **JOHN H. LOHMAN, JR.** TREASURER
Date: **1/9/97** Daytime Phone #: **(713) 525-5571**

CR2E034 (9/96)