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FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L07955 (2)

1. Corporation Name
GIBALTAR MAUSOLEUM OF FLORIDA, INC.

Principal Place of Business
2323 W BRANDON BLVD.
BRANDON FL 33511
US

Mailing Address
1929 ALLEN PKWY
DEPT 2834
HOUSTON TX 77019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/08/1989

4. FEI Number
59-1276229

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORP SYSTEM
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

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 block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CLAIBORNE, TIMOTHY J
STREET ADDRESS DEPT 2834 9TH FLOOR 1929 ALLEN PARKWAY
CITY-ST-ZIP HOUSTON TX 77019

TITLE V
NAME BANGO, FRANK
STREET ADDRESS DPT 2834 9TH FL 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX 77019

TITLE V
NAME CHESLER, RICHARD A
STREET ADDRESS DPT 2834 9TH FL 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX 77019

TITLE STD
NAME GOFF, JOAN B
STREET ADDRESS 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX

TITLE V
NAME CONKLIN, KENNETH W
STREET ADDRESS DPT 2834 9TH FL 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX 77019

TITLE SD
NAME FRAZIER, MARY J
STREET ADDRESS DEPT 2834 9TH FLOOR 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON FL 77019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FRANK BANGO
1.3 STREET ADDRESS 1929 ALLEN PARKWAY, 9TH FL
1.4 CITY-ST-ZIP HOUSTON TX 77019

2.1 TITLE VP
2.2 NAME TIMOTHY J. CLAIBORNE
2.3 STREET ADDRESS 1929 ALLEN PARKWAY, 9TH FL
2.4 CITY-ST-ZIP HOUSTON TX 77019

3.1 TITLE DIRECTOR
3.2 NAME SUZANNE DINEFF
3.3 STREET ADDRESS 1929 ALLEN PARKWAY, 9TH FL
3.4 CITY-ST-ZIP HOUSTON TX 77019

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DIRECTOR
6.2 NAME LISA M. NEWBURN
6.3 STREET ADDRESS 1929 ALLEN PARKWAY, 9TH FL
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.

SIGNATURE:

JOAN B. GOFF/SECRETARY

(713) 522-5141

CR2E034 (10/97)