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May 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L07955

8000

1. Corporation Name

GIBRALTAR MAUSOLEUM OF FLORIDA, INC.

Principal Place of Business

2323 W BRANDON BLVD.
BRANDON FL 33511
US

Mailing Address

1929 ALLEN PKWY
DEPT 2934
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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORP SYSTEM
1201 HAYS ST
STE 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

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 PD
NAME FRANK BANGO
STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR
CITY-ST-ZIP HOUSTON TX 77019

TITLE VP
NAME TIMOTHY J. CLAIBORNE
STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR
CITY-ST-ZIP HOUSTON TX 77019

TITLE D
NAME SUZANNE DINEFF
STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR
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, KENNTH W
STREET ADDRESS DPT 2934 9TH FL 1929 ALLEN PKWY
CITY-ST-ZIP HOUSTON TX 77019

TITLE D
NAME LISA M. NEWBURN
STREET ADDRESS 1929 ALLEN PKWY., 9TH FLOOR
CITY-ST-ZIP HOUSTON FL 77019

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

Date

713/522-5141

Daytime Phone #

CR2E034 (11/98)