

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90052 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P96000045095**

1. Corporation Name
FM CEMETERY, INC.

8179



Principal Place of Business
**1350 W FAIRBANKS AVE
 WINTER PARK FL 32789
 US**

Mailing Address
**1929 ALLEN PKWY
 DPT 2934 9TH FL
 HOUSTON TX 77019
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1996

4. FEI Number

76-0505094

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

TITLE DELETE
 NAME **D SUZANNE DINEFF**
 STREET ADDRESS **1929 ALLEN PKWY., 9TH FLOOR**
 CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE DELETE
 NAME **V CONKLIN, FRANK W**
 STREET ADDRESS **DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY**
 CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE DELETE
 NAME **STD GOFF, JOAN B**
 STREET ADDRESS **DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY**
 CITY-ST-ZIP **HOUSTON TX 77019**

5.1 TITLE **TREASURER** Change Addition
 5.2 NAME **JOHN H. LOHMAN, JR**
 5.3 STREET ADDRESS **1929 ALLEN PARKWAY**
 5.4 CITY-ST-ZIP **HOUSTON TX 770**

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

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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.

SK IATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN H. LOHMAN, JR.

Date

713/522-5141
 Daytime Phone #

CR2E034 (1/198)