

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000517 (4)**

1. Corporation Name

BLACK-EYED PEA U.S.A., INC.

Principal Place of Business

8115 PRESTON ROAD
LOCK BOX 7
DALLAS TX 75225

Mailing Address

8115 PRESTON ROAD
LOCK BOX 7
DALLAS TX 75225

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/04/1992

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

75-1468388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T 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
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PAPIT, THEODORE J
5209 CORINTHIAN BAY
PLANO TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
FISHERKELLER, PAUL F
4336 HIGHLANDER
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
DAVIS, JACK H
3945 PURDUE
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TS
MARTIN, DON W JR
7007 BREMERSTON DR
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
JAMESON, DENNIS J
4312 HOLLOW OAK DR
DALLAS TX

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AT
HARRIGAN, PATRICK K
1319 RED MAPLE
CARROLLTON TX

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

3455 Shenandoah,
Dallas, TX 75205

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Patrick K. Harrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick K. Harrigan, Asst. Treas. 214-363-9513

Signature