

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

AND
APPROVED

APR 10 1995

DOCUMENT # **F93000004664 (9)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARM SHIPPING COMPANY, INC.

21. THREE RIVERWAY		26. THREE RIVERWAY		3. 10/15/1993		3a. 08/09/1994	
22. SUITE # 2000		27. SUITE # 2000		4. 76-0404800		Applied For Not Applicable	
23. HOUSTON, TX		28. HOUSTON TX		5. <input type="checkbox"/> \$8.75 Additional Fee Required			
24. 77056		29. 77056		6. <input type="checkbox"/> \$5.00 May Be Added to Fees			
25. USA		30. USA		8. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301				10. FL			
81. NAME				85. ZIP CODE			
82. STREET ADDRESS							
83. CITY							
84. STATE							

11. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

12. PD MOTTALE, MOIS THREE RIVERWAY, #800 HOUSTON TX 77056	13. ADDITIONAL MANAGERS TO BE REGISTERED:
V SASSOON, KAMRAN THREE RIVERWAY, #800 HOUSTON TX 77056	<input type="checkbox"/> Change <input type="checkbox"/> Add
ST VOIGT, ANTHONY J THREE RIVERWAY, #800 HOUSTON TX 77056	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
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	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein.

SIGNATURE: *[Signature]* 5/16/95

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APPROVED AND FILED

55 MAY 22 AM 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004805 (8)

1. Corporation Name
LAGASSE BROS., INC.

Principal Place of Business:
**425 9TH STREET
NEW ORLEANS LA 70115**

Mailing Address:
**425 9TH STREET
NEW ORLEANS LA 70115**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1993** 3a. Date of Last Report: **06/01/1994**

4. FEI Number: **72-0514669** 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 § 199.009 Florida Statutes: Yes No

2. Principal Place of Business:
21

2a. Mailing Address:
26

22. State, Apt # etc:
22

27. State, Apt # etc:
27

23. City & State:
23

28. City & State:
28

24. ZIP:
25

29. ZIP:
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAGASSE, RICKEY
4719 DISTRIBUTION DR.
TAMPA FL 33605**

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City, State, ZIP Code: **FL** 85

11. I, the undersigned, being the officer or director, or a shareholder, of the corporation named herein, do hereby certify that the information furnished herein is true and correct, and that the appointment of the registered agent herein complies with the provisions of the Florida Statutes.

SIGNATURE

12. NAME	13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN:
C NAME: LAGASSE, CLINTON W STREET ADDRESS: 5963 VICKSBURG STREET CITY, STATE, ZIP: NEW ORLEANS LA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: LAGASSE, KEVIN C STREET ADDRESS: 4713 REBECCA BLVD. CITY, STATE, ZIP: METairie LA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: LAGASSE, DAVID C STREET ADDRESS: 4916 REBECCA BLVD. CITY, STATE, ZIP: KENNER LA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST NAME: ABADIE, LINETTE STREET ADDRESS: 1407 SIGUR AVENUE CITY, STATE, ZIP: METairie LA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this is done in the case of a shareholder as provided for in the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of an officer or director with an address.

SIGNATURE: *Linette Abadie*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR

5/15/95