

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

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

AND  
APPROVED  
MAY 10 1995

DOCUMENT # **F93000004664 (9)**

**ARM SHIPPING COMPANY, INC.**

MAY 10 1995  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21. <b>THREE RIVERWAY</b>		26. <b>THREE RIVERWAY</b>	
22. <b>SUITE # 2000</b>		27. <b>SUITE # 2000</b>	
23. <b>HOUSTON, TX</b>		28. <b>HOUSTON TX</b>	
24. <b>77056</b>	25. <b>USA</b>	29. <b>77056</b>	30. <b>USA</b>

3. <b>10/15/1993</b>	3a. <b>08/09/1994</b>
4. <b>76-0404800</b>	Applied For Not Applicable
5. <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

**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 S. 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, Secretary, Director, and/or Officer, Florida Statutes, the above named corporation submit this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The change was authorized by the corporation's Board of Directors, Officers, and/or the appointment as registered agent. I am familiar with and accept the obligations of the new Florida Statutes.

SIGNATURE

12. NAME	13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN:
<b>C</b> NAME: <b>LAGASSE, CLINTON W</b> STREET ADDRESS: <b>5963 VICKSBURG STREET</b> CITY, STATE, ZIP: <b>NEW ORLEANS LA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b> NAME: <b>LAGASSE, KEVIN C</b> STREET ADDRESS: <b>4713 REBECCA BLVD.</b> CITY, STATE, ZIP: <b>METAIRIE LA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>V</b> NAME: <b>LAGASSE, DAVID C</b> STREET ADDRESS: <b>4916 REBECCA BLVD.</b> CITY, STATE, ZIP: <b>KENNER LA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>ST</b> NAME: <b>ABADIE, LINETTE</b> STREET ADDRESS: <b>1407 SIGUR AVENUE</b> CITY, STATE, ZIP: <b>METAIRIE LA</b>	<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 furtherance of my position to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of a change of registered office form with an address.

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

5/15/95