

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

REGISTRATION
ANNUAL REPORT

1995



OFFICE OF THE SECRETARY OF STATE
JEFFREY B. MONTGOMERY
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

05 MAY 10 1110:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004661 (4)**

HIMMELBERG'S, INC.

Previous Office Address: 11669 EDINBURGH WAY JACKSONVILLE FL 32223
 New Office Address: 11669 EDINBURGH WAY JACKSONVILLE FL 32223

(DO NOT WRITE IN THIS SPACE)

3. Date of Corporation's Dissolution 3a. Date of Last Report

09/09/1994

2. Principal Office of Corporation

2a. Name & Address

4. FFI Number

Approved By

21

26

56-1865355

Not Applicable

22. State Agent Name

27. State Agent Address

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIMMELBERG, MICHAEL E
11669 EDINBURGH WAY
JACKSONVILLE FL 32223

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.1508, Florida Statutes, the above named corporation adopts 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 607.01, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12.1	DP HIMMELBERG, MICHAEL E 11669 EDINBURGH WAY JACKSONVILLE FL 32223
12.2	DST HIMMELBERG, SONIA R 11669 EDINBURGH WAY JACKSONVILLE FL 32223
12.3	
12.4	
12.5	
12.6	
12.7	
12.8	
12.9	
12.10	
12.11	
12.12	

13.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and that, not in violation of the provisions of Section 199.032, Florida Statutes, I further certify that the information and statements are true and correct and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligations of this section of Florida Statutes. I hereby certify that the information and statements are true and correct and that my name appears on the filing.

SIGNATURE: *Michael E. Himmelberg*
 PRINT NAME AND TITLE OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR

5/2/95

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AND
FILED

MAY 10 1994

STATE
TALLAHASSEE, FLORIDA

CORPORATION,
ARTICLE OF INCORPORATION



FLORIDA DEPARTMENT OF STATE
Nancy B. Mueller
Secretary of State
Tallahassee, Florida 32399-0001

1995

DOCUMENT # **F94000004871 (9)**

WRIGHT BRAND FOODS, INC.

Principal Office: P.O. BOX 1779, VERNON TX 76385
Mailing Address: P.O. BOX 1779, VERNON TX 76385

2. Incorporation Date: 09/20/1994		3a. Date of Last Report: 09/20/1994	
21. State: TX	26. State: TX	4. FEI Number: 75-1608351	Applied For: Not Applicable
22. City: Vernon	27. City: Vernon	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. County: Tarrant	28. County: Tarrant	6. Election Campaign Financing: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip: 76385	29. Zip: 76385	8. The corporation has liability for intangible tax under S. 193(1), Florida Statutes: <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81. Name:			
				82. Street Address (P.O. Box Number or Not Applicable):			
				83. City:			
				84. State:	FL	85. Zip Code:	

11. The agent, in the presence of witnesses, on 09/20/1994, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This change was authorized by the corporation's Board of Directors, thereby accepting the appointment as registered agent. This document also accepts the obligations of Sections 17.03(1), Florida Statutes.

SIGNATURE: Robert E. Williamson, Secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: CP WRIGHT, W. DAN STREET ADDRESS: 1306 MAIN ST. CITY: VERNON TX 76384		1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CV WRIGHT, ROBERT L STREET ADDRESS: 1306 MAIN ST. CITY: VERNON TX 76384		2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D WRIGHT, WILLIAM E STREET ADDRESS: 1306 MAIN ST. CITY: VERNON TX 76384		3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DT WILLIAMSON, ROBERT E STREET ADDRESS: 1306 MAIN ST. CITY: VERNON TX 76384		4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: S WRIGHT, KELLY STREET ADDRESS: 1306 MAIN ST. CITY: VERNON TX 76384		5. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		7. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 193(2)(a), Florida Statutes. I further certify that the information and data 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 officer or director empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears on Block 1, or Block 1a, of the report or on an attached form with an address.

SIGNATURE: *Robert E. Williamson* Robert E. Williamson 5/8/95 817 553-1811