

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

REGISTRATION  
ANNUAL REPORT

1995



OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

05 MAY 10 11:10:35

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 Creation		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 Approval	27. State Approval	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	29. Zip	6. This corporation has liability for intangible tax under S. 199.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HIMMELBERG, MICHAEL E</b> <b>11669 EDINBURGH WAY</b> <b>JACKSONVILLE FL 32223</b>		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City & State	
		B4. Zip	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	
NAME	DP	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	HIMMELBERG, MICHAEL E	2. NAME	
CITY & STATE	11669 EDINBURGH WAY	3. NAME	
ZIP	JACKSONVILLE FL 32223	4. NAME	
NAME	DST	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	HIMMELBERG, SONIA R	6. NAME	
CITY & STATE	11669 EDINBURGH WAY	7. NAME	
ZIP	JACKSONVILLE FL 32223	8. NAME	
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		10. NAME	
CITY & STATE		11. NAME	
ZIP		12. NAME	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		14. NAME	
CITY & STATE		15. NAME	
ZIP		16. NAME	

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 data 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 Section 199.032, Florida Statutes, and that my name appears in the filing as required by the statute.

SIGNATURE: *Michael E. Himmelberg* 5/2/95  
 PRINT NAME AND TITLE OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR

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AND  
FILED

MAY 10 1994

STATE  
TALLAHASSEE, FLORIDA

CORPORATION,  
ARTICLE OF INCORPORATION



FLORIDA DEPARTMENT OF STATE  
Nancy B. Murrain  
Secretary of State  
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 two witnesses, and two (2) 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 complies with the provisions of Sections 17.03(1), Florida Statutes.

SIGNATURE: Robert E. Williamson, Secretary of State

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: CP WRIGHT, W. DAN STREET ADDRESS: 1306 MAIN ST. CITY, STATE, ZIP: VERNON TX 76384		1. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CV WRIGHT, ROBERT L STREET ADDRESS: 1306 MAIN ST. CITY, STATE, ZIP: VERNON TX 76384		2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: D WRIGHT, WILLIAM E STREET ADDRESS: 1306 MAIN ST. CITY, STATE, ZIP: VERNON TX 76384		3. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: DT WILLIAMSON, ROBERT E STREET ADDRESS: 1306 MAIN ST. CITY, STATE, ZIP: VERNON TX 76384		4. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: S WRIGHT, KELLY STREET ADDRESS: 1306 MAIN ST. CITY, STATE, ZIP: 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 receiver or trustee empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in 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