

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 14 PM 12:51

**DOCUMENT # P22277 (8)**

1. Corporation Name

**HFDG, INC.**

Principal Place of Business

**3003 W. ALABAMA, SUITE 201  
HOUSTON TX 77096**

Mailing Address

**3003 W. ALABAMA, SUITE 201  
HOUSTON TX 77096**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/23/1988**

3a. Date of Last Report

**07/29/1994**

4. FEI Number

**76-0051865**

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**DOCKERTY, ROBERT J.  
TWO E. CAMINO REAL, SUITE 213  
BOCA RATON FL 33432**

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 non-affiliated)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |
|----------------|--------------------------|
| TITLE          | PTD                      |
| NAME           | FENOGLIO, JOHN T.        |
| STREET ADDRESS | 3003 W. ALABAMA, S-201   |
| CITY- ST- ZIP  | HOUSTON TX               |
| TITLE          | VSD                      |
| NAME           | HOLLIDAY, HAROLD E., JR. |
| STREET ADDRESS | 3003 W. ALABAMA, S-201   |
| CITY- ST- ZIP  | HOUSTON TX               |
| TITLE          | V                        |
| NAME           | GIBSON, MARK D.          |
| STREET ADDRESS | 3003 W. ALABAMA          |
| CITY- ST- ZIP  | HOUSTON TX               |
| TITLE          | V                        |
| NAME           | DOCKERTY, ROBERT J       |
| STREET ADDRESS | TWO E. CAMINO REAL, 213  |
| CITY- ST- ZIP  | BOCA RATON FL            |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY- ST- ZIP  |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY- ST- ZIP   |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY- ST- ZIP   |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY- ST- ZIP  |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY- ST- ZIP  |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY- ST- ZIP  |                                                                   |

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 199.0308, Florida Statutes. I further certify that the information indicated on the 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. I am an officer or director of this 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 amendment with an address.

SIGNATURE:

*[Signature]*

*Donay Goodson*

*2/3/95*

*713-527-9646*