

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 MAY -1 PM 1:17

DOCUMENT # P32572

(0)

1. Corporation Name

FRIGETTE CORPORATION

Principal Place of Business

1200 W. RISINGER ROAD
FORT WORTH TX 76134

Mailing Address

1200 W. RISINGER ROAD
FORT WORTH TX 76134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/23/1991

3a. Date of Last Report

06/28/1994

4. FEI Number

75-2329045

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MOORE, HELEN
1636 NW 13 CT
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

WILLIAM OSENGA

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

2222 POLK STREET, #2

83

84 City

HOLLYWOOD

FL

85 Zip Code

33020

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

William A. Osenga

WILLIAM A. OSENGA

BRANCH MGR.

4/21/95

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CP
HICKMAN, HOLT
5800 MERRYMOUNT
FT WORTH TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
HICKMAN, BRAD
5316 EL DORADO
FT WORTH TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
GREEN, CARLOS
4325 WINDING WAY
FT WORTH TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
BILLS, JOHN
4303 RAMBLING CK CT
ARLINGTON TX

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William A. Osenga C.F.O.

(Signature and typed or printed name of signing officer or director)

3/27/95

817-298-5313

Date

Telephone Number