

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 8:26

DOCUMENT # **834476** (4)
1. Corporation Name
JGB INDUSTRIES, INC.

Principal Place of Business Mailing Address
SUMMIT & NORFOLK ST **SUMMIT & NORFOLK ST**
PO BOX 25609 **PO BOX 25609**
RICHMOND VA 23260 **RICHMOND VA 23260**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1975** 3a. Date of Last Report: **02/28/1994**
4. FEI Number: **59-0459054** 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 2a. Mailing Address
21. [] 26. []
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. [] 27. []
City & State City & State
23. [] 28. []
Zip Country Zip Country
24. [] 25. [] 29. [] 30. []

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. []
84. City 85. Zip Code
FL

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 registering

GATT

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | VDS |
| NAME | RICE, MAURICE R |
| STREET ADDRESS | 1627 WESTCASTLE DR |
| CITY, ST, ZIP | RICHMOND, VA 00000 |
| TITLE | T |
| NAME | HARGRAVE, R. CHARLES |
| STREET ADDRESS | 11221 BERRAND ROAD |
| CITY, ST, ZIP | RICHMOND, VA 00000 |
| TITLE | PD |
| NAME | MCALEXANDER, GARY A |
| STREET ADDRESS | 11801 ABERDEEN LANDING |
| CITY, ST, ZIP | MIDLOTHIAN VA |
| TITLE | D |
| NAME | BAKER, J GLEN |
| STREET ADDRESS | 4801 COVENTRY RD |
| CITY, ST, ZIP | RICHMOND, VA 00000 |
| TITLE | V |
| NAME | BAKER, J. G., JR. |
| STREET ADDRESS | 8704 BUTTERFIELD AVENUE |
| CITY, ST, ZIP | RICHMOND VA |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY, ST, ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY, ST, ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PD |
| 3.3 STREET ADDRESS | William H. Daughtrey, Jr. |
| 3.4 CITY, ST, ZIP | 3905 Sulgrave Road Richmond, Va. 23221 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY, ST, ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY, ST, ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 as an attachment with an addition.

SIGNATURE: *R. Charles Hargrave*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

R. Charles Hargrave, Treasurer 3/27/95
Title Signature Date