

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **06/04/1975**  
3a. Date of Last Report: **03/30/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-0459054	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
24	Zip	Country	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VDS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, MAURICE R		1.2 NAME				
STREET ADDRESS	1627 WESTCASTLE DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	RICHMOND, VA 00000		1.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>900001793129</b>			
NAME	HARGRAVE, R. CHARLES		2.2 NAME	<b>-04/24/96--01066--031</b>			
STREET ADDRESS	11221 BERRAND ROAD		2.3 STREET ADDRESS	<b>***200.00</b>			
CITY-ST-ZIP	RICHMOND, VA 00000		2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHTREY, JR. W H.		3.2 NAME				
STREET ADDRESS	3905 SULGRAVE ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	RICHMOND VA		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	C-Chairman			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, J GLEN		4.2 NAME	Baker, J. Glen			
STREET ADDRESS	4601 COVENTRY RD		4.3 STREET ADDRESS	4601 Coventry Rd			
CITY-ST-ZIP	RICHMOND, VA 00000		4.4 CITY-ST-ZIP	Richmond, Va.			
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	Vice-Chairman			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, J. G., JR.		5.2 NAME	Baker, J.G. Jr.			
STREET ADDRESS	8704 BUTTERFIELD AVENUE		5.3 STREET ADDRESS	8704 Butterfield Avenue			
CITY-ST-ZIP	RICHMOND VA		5.4 CITY-ST-ZIP	Richmond, Va.			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 119.07(3)(f), 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: \_\_\_\_\_ DATE: **4/14/86** DAYTIME PHONE: **804 342-6715**

CR2E034 (12/95)