

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006208 (2)**

1. Corporation Name
HBGA, INC.



Principal Place of Business
**500 EAST MAIN ST., STE. 820
NORFOLK VA 23510**

Mailing Address
**P. O. BOX 2680
NORFOLK VA 23501
US**

2. Principal Place of Business
21 **555 E. Main St.**
22 **17th Floor**
23 **Norfolk, VA**
24 **23510** Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **12/06/1994**
3a. Date of Last Report **04/28/1995**
4. FLL Number **54-1738771**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**STONEBURNER, GRESHAM ESQ.
50 NORTH LAURA ST., STE. 3550
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 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 the filer) (Block 12)

Signature (typed or printed name of new registered agent) (Block 10)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLONE, JORDAN E	2. NAME
STREET ADDRESS	500 E. MAIN ST., STE. 820	3. STREET ADDRESS
CITY- ST- ZIP	NORFOLK VA 23510	4. CITY- ST- ZIP
TITLE	DS	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, E. ROBERT	6. NAME
STREET ADDRESS	500 E. MAIN ST., STE. 820	7. STREET ADDRESS
CITY- ST- ZIP	NORFOLK VA 23510	8. CITY- ST- ZIP
TITLE	DV	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGEL, HERBERT K	10. NAME
STREET ADDRESS	505 COURT ST.	11. STREET ADDRESS
CITY- ST- ZIP	PORTSMOUTH VA 23705	12. CITY- ST- ZIP
TITLE		13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY- ST- ZIP		16. CITY- ST- ZIP
TITLE		17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY- ST- ZIP		20. CITY- ST- ZIP

**555 E. Main St., 17th Floor
Norfolk, VA 23510**

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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)(k), 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: *[Signature]* **E.R. Childers** 3-14-96 (804) 640-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date #

CR2E034 (12/95)