SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P22726** **(4)**

1. Corporation Name

TWG, INC.

Principal Place of Business	Mailing Address
17000 E. HWY 120 RIPON CA 95366	17000 E. HWY 120 RIPON CA 95366

3. Date Incorporated or Qualified: **01/25/1989**
3a. Date of Last Report: **06/08/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **94-2756233** ☐ 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

9. Name and Address of Current Registered Agent

BUCHMAN, ABRAHAM M.
5301 WOODLANDS BLVD.
TAMARAC FL 33319

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CIOCCA, ARTHUR A.		12 NAME	
STREET ADDRESS	#9 25TH AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		14 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BATES, F. LYNN		22 NAME	
STREET ADDRESS	5707 CHENAULT DR.		23 STREET ADDRESS	
CITY-ST-ZIP	MODESTO, CA .		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JESSE, H. WILLIAM JR.		32 NAME	
STREET ADDRESS	222 SUTTER ST.		33 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	FLOWERS, PAUL W.		42 NAME	
STREET ADDRESS	3644 PORTSMOUTH CIR.S.		43 STREET ADDRESS	
CITY-ST-ZIP	STOCKTON CA		44 CITY-ST-ZIP	
TITLE	V	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MCSHANE, O. LYNN		52 NAME	
STREET ADDRESS	179 GOLDEN RIDGE RD.		53 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE CA		54 CITY-ST-ZIP	
TITLE	V	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	QUACCIA, LOUIS M.		62 NAME	
STREET ADDRESS	218 PATRICIA LANE		63 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA		64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/24/96 205-595-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #