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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V51464 (8)

1. Corporation Name
THE GWB CO. OF VIRGINIA, INC.



Principal Place of Business 7750 SONOMA HWY SUITE A SANTA ROSA CA 95409 US	Mailing Address 7750 SONOMA HWY SUITE A SANTA ROSA CA 95409-6512 US
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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
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3. Date Incorporated or Qualified 07/16/1992	3a. Date of Last Report 03/26/1996
4. FEI Number 59-3142614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THOMAS, JUDY B
 166 CARLYLE DRIVE
 PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

B1 Name Rick Snyder
B2 Street Address (P.O. Box Number is Not Acceptable) 2706 Art. US 19
B3 City Palm Harbor
B4 State FL
B5 Zip Code 34682-0844

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]* DATE: **3/27/97**

12. OFFICERS AND DIRECTORS

TITLE D	NAME BUTLER, WILLIAM P DR	STREET ADDRESS 2441 N.E. LOOP 410, #2308B	CITY - ST - ZIP SAN ANTONIO TX 67	<input type="checkbox"/> DELETE
TITLE D	NAME PARTIN, CINDY B	STREET ADDRESS 13913 HOWLETT LINE DR	CITY - ST - ZIP COLONIA HGHTS, VA	<input type="checkbox"/> DELETE
TITLE D	NAME THOMAS, JUDY B	STREET ADDRESS 166 CARLYLE DRIVE	CITY - ST - ZIP PALM HARBOR FL	<input type="checkbox"/> DELETE
TITLE D	NAME BUTLER, VIRGINIA R	STREET ADDRESS 732 OKUMA DRIVE	CITY - ST - ZIP CHESTER VA	<input type="checkbox"/> DELETE

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	
3.3 STREET ADDRESS	7750 A Sonoma Hwy
3.4 CITY - ST - ZIP	Santa Rosa, CA 95409
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judy B. Thomas* DATE: **3-25-97** (707) 833-5176

CR2E034 (9/96)