

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 # F93000003790 (3)

1. Corporation Name
FGA, INC.



Principal Place of Business

P.O. BOX 2680
NORFOLK VA 23501
US

Mailing Address

500 EAST MAIN STREET, SUITE 820
NORFOLK VA 23510

3. Date Incorporated or Qualified
08/18/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
54-1675858

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

21 555 E. Main St.

26 P.O. Box 2680

22 Suite, Apt. #, etc.
17th Floor

27 Suite, Apt. #, etc.

23 City & State
Norfolk VA

28 City & State
Norfolk, VA

24 Zip
23510

25 Country

29 Zip
23501

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAITIS, GEORGE ESO
915 MIDDLE RIVER DRIVE, SUITE 506
FT LAUDERDALE FL 33304

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CP	SLONE, JORDAN E	500 EAST MAIN STREET, SUITE 820	NORFOLK VA 23510	<input type="checkbox"/>
VCP	BANGEL, HERBERT K	505 COURT STREET	PORTSMOUTH VA 23704	<input type="checkbox"/>
S	CHILDERS, ROBERT E	500 E. MAIN ST. STE 820	NORFOLK VA	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
		555 E. Main St, 17th Floor	Norfolk, VA 23510	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		555 E. Main St, 17th Floor	Norfolk, VA 23510	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 118.7(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.R. Childers 3-14-96 (804) 640-0880

CR2E034 (12/95)