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 # **F94000003309 (1)**

1. Corporation Name

TWGA, INC.

Principal Place of Business

500 E. MAIN ST., #820
NORFOLK VA 23510

Mailing Address

P.O. BOX 2680
NORFOLK VA 23501
US

3. Date Incorporated or Qualified: 06/23/1994

3a. Date of Last Report: 04/28/1995

4. FEI Number: 54-1713478 — [ ] 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
21 555 E. Main St.
Suite, Apt. #, etc.
22 17th Floor
City & State
23 Norfolk VA
Zip 24 23510 Country 25

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

9. Name and Address of Current Registered Agent

DAWES, MICHAEL F
50 N. LAURA ST., #3550
JACKSONVILLE FL 32202

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: Signature, typed or print name of registered agent and title if applicable (NOTE: Registered Agent must sign in section 10 above) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	[ ] DELETE
NAME	SLONE, JORDAN E	
STREET ADDRESS	500 E. MAIN ST., #820	
CITY-ST-ZIP	NORFOLK VA 23510	
TITLE	VD	[ ] DELETE
NAME	BANGEL, HERBERT K	
STREET ADDRESS	505 COURT ST.	
CITY-ST-ZIP	PORTSMOUTH VA 23705	
TITLE	S	[ ] DELETE
NAME	CHILDERS, ROBERT E.	
STREET ADDRESS	500 E. MAIN ST. STE. 820	
CITY-ST-ZIP	NORFOLK VA	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	555 E. Main St., 17th Floor	
1.4 CITY-ST-ZIP	Norfolk, VA 23510	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	555 E. Main St., 17th Floor	
3.4 CITY-ST-ZIP	Norfolk, VA 23510	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] 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 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: E.R. Childers 3-14-96 (804)640-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)