

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003309 (1)**

1. Corporation Name

TWGA, INC.

Principal Place of Business

**555 E. MAIN ST
17TH FLOOR
NORFOLK VA 23510
US**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	06/23/1994
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	54-1713478
24 Country	29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
	30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

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 printed name of registered agent not applicable

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	☐ Change ☐ Addition
NAME	SLONE, JORDAN E	1.2 NAME	
STREET ADDRESS	555 E. MAIN ST., 17TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BANGEL, HERBERT K	2.2 NAME	
STREET ADDRESS	505 COURT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH VA 23705	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	CHILDERS, ROBERT E.	3.2 NAME	
STREET ADDRESS	555 E. MAIN ST., 17TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

[Signature] **R. Robert Childers** 4-10-98 (757) 440-1880

CR2E034 (10/97)