

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000006208 (2)

1. Corporation Name  
HBGA, INC.



Principal Place of Business

500 EAST MAIN ST., STE. 820  
NORFOLK VA 23510

Mailing Address

P. O. BOX 2680  
NORFOLK VA 23501  
US

2. Principal Place of Business

2a. Mailing Address

21 555 E. Main St.  
22 Suite, Apt. #, etc.  
17th Floor  
23 City & State  
Norfolk, VA  
24 Zip  
23510  
25 Country

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27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

9. Name and Address of Current Registered Agent

STONEBURNER, GRESHAM ESQ.  
50 NORTH LAURA ST., STE. 3550  
JACKSONVILLE FL 32202

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 fee paid to file

DATE: Registered Agent Signature (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E034 (12/95)