

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90482 001 *****8.75
 06-05-2000 90482 002 ***150.00

DOCUMENT # PA000706574
 1. Entity Name
TGA W, Inc.

Principal Place of Business Mailing Address
1347 IMPERIAL DRIVE
DAYTONA BEACH, FL
32117 SAME

2. Principal Place of Business Suite, Apt. #, etc.
SHOWN SUPRA
 3. Mailing Address Suite, Apt. #, etc.
SAME

City & State City & State
DAYTONA BEACH FL DAYTONA BEACH FL
 Zip Country Zip Country
32117 USA 32117 USA

4. FEI Number Applied For
59-3619265 Not Applicable
 5. Certificate of Status Desired - **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROBERT E. JENKS
887 DERBYSHIRE ROAD
DAYTONA, BEACH, FL. 32117

7. Name and Address of New Registered Agent
 Name N/A
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ROBERT E. JENKS
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT - SEC.	THOMAS HAYES	1347 IMPERIAL DRIVE	DAYTONA BEACH, FL. 32117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	ROBERT E. JENKS	887 DERBYSHIRE ROAD	DAYTONA, BEACH, FL. 32117	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS HAYES THOMAS HAYES 5-20-00 310 446 8444
 Signature and typed or printed name of signing officer or director Date Day Phone 213 490 1515

CR2E034 (9/99)