

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 AUG -4 AM 10:37

**DOCUMENT # F93000003332 (4)**

1. Corporation Name

**JPM INVESTMENT COMPANY, INC.**

Principal Place of Business  
 1000 LAUREL SPRINGS LANE  
 MARIETTA GA 30064

Mailing Address  
 1000 LAUREL SPRINGS LANE  
 MARIETTA GA 30064

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/16/1993** 3a. Date of Last Report **09/09/1994**

4. FEI Number **58-2039418** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing  **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAY, JAMES R**  
**2000 PALM BEACH LAKES BLVD.**  
**SUITE 900**  
**WEST PALM BEACH FL 33409**

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-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DCP</b>
NAME	<b>DORNBUSH, ROBERT E</b>
STREET ADDRESS	<b>104 CYPRESS AVE.</b>
CITY - ST - ZIP	<b>KENTFIELD CA 94904</b>
TITLE	<b>DVCS</b>
NAME	<b>ARCHER, BURKE O</b>
STREET ADDRESS	<b>180 LAUREL FOREST CIR.</b>
CITY - ST - ZIP	<b>ATLANTA GA 30342</b>
TITLE	<b>DT</b>
NAME	<b>DORNBUSH, DIANNE</b>
STREET ADDRESS	<b>104 CYPRESS AVE.</b>
CITY - ST - ZIP	<b>KENT FIELD CA 94904</b>
TITLE	<b>VP</b>
NAME	<b>DORNBUSH, KIRK T JR.</b>
STREET ADDRESS	<b>1127 VIRGINIA AVE.</b>
CITY - ST - ZIP	<b>ATLANTA GA 30306</b>
TITLE	<b>VP</b>
NAME	<b>DORNBUSH, CLAIRE L</b>
STREET ADDRESS	<b>180 LAUREL FOREST CIRCLE</b>
CITY - ST - ZIP	<b>ATLANTA GA 30342</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VP</b>
6.3 STREET ADDRESS	<b>Iarocci, Laura D.</b>
6.4 CITY - ST - ZIP	<b>2628 Rivers Road</b> <b>Atlanta, Georgia 30305</b>

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, director of the corporation or the collector or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Burke O. Archer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-95

404-577-1777

Burke O. Archer, Secretary

CR2E034 (3/95)