

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 MAR 25 PM 3:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F97000000530

1. Corporation Name
JDN DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
359 E. PACES FERRY RD SUITE 400 ATLANTA, GA 30305	359 E. PACES FERRY RD. SUITE 400 ATLANTA, GA 30305

3. Date Incorporated or Qualified JANUARY 31, 1997	3a. Date of Last Report
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21. Principal Place of Business 359 E. PACES FERRY RD Suite, Apt. #, etc. SUITE 400 City & State ATLANTA, GA Zip 30305	2a. Mailing Address 359 E. PACES FERRY RD Suite, Apt. #, etc. SUITE 400 City & State ATLANTA, GA Zip 30305	26. USA	29. USA
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4. FEI Number 58-2148124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FLORIDA 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR & PRESIDENT <input type="checkbox"/> DELETE J. DONALD NICHOLS 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO, SEC. & TREASURER <input type="checkbox"/> DELETE WILLIAM J. KERLEY 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 400002469084 -03/26/98--01045--011 ****173.75 ****173.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, DEVELOPMENT <input type="checkbox"/> DELETE C. SHELDON WHITTELSEY IV 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, DEVELOPMENT <input type="checkbox"/> DELETE JEB L. HUGHES 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT SECRETARY <input type="checkbox"/> DELETE JOHN D. HARRIS, JR. 359 E. PACES FERRY RD, STE 400 ATLANTA, GA 30305	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *John D. Harris, Jr.* *John D. Harris, Jr.* *3/23/98* *404-262-3252*

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

CP2E004 (9/96)