FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED
95 MAY -1 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36962 (1)

1. Corporate Name
JBP ASSOCIATION, INC.

Principal Place of Business
2110 WOOD GLEN LANE
MARIETTA GA 30067

Mailing Address
2110 WOOD GLEN LANE
MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1895501 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. 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. 22 / 27
City & State 23 / 28
Zip 24, Country 25 / Zip 29, Country 30

9. Name and Address of Current Registered Agent
BIRD, T. BUCKINGHAM
220 S. CHERRY STREET
MONTICELLO FL 32344

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	WOODWORTH, TERRY	NAME	
STREET ADDRESS	2110 WOOD GLEN LANE	STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30067	CITY-ST-ZIP	30067
TITLE	DV	TITLE	☐ Change ☐ Addition
NAME	LIVELY, THOMAS T. JR.	NAME	
STREET ADDRESS	1004 GLOUZESTER ST.	STREET ADDRESS	
CITY-ST-ZIP	BRUNSWICK GA	CITY-ST-ZIP	
TITLE	DST	TITLE	☐ Change ☐ Addition
NAME	ESCARLEGA, JULIE	NAME	
STREET ADDRESS	~~861 FRANKLIN RD.~~	STREET ADDRESS	1403 MEADOWBROOK LN
CITY-ST-ZIP	MARIETTA GA	CITY-ST-ZIP	Marietta, GA 30067
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: T. L. Woodworth — 4-28-94 — 404-973-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE
T. L. Woodworth

0073770