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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N36962 (1)

1. Corporation Name
JBP ASSOCIATION, INC.



Principal Place of Business
2110 WOOD GLEN LANE
MARIETTA GA 30067

Mailing Address
2110 WOOD GLEN LANE
MARIETTA GA 30067-7346

3. Date Incorporated or Qualified 03/07/1990
3a. Date of Last Report 02/08/1996

2. Principal Place of Business
21 Mailing Address
26
Suite, Apt #, etc.
22 Suite, Apt #, etc.
27
City & State
23 City & State
28
Zip Country
24 Zip Country
25 Zip Country
29 30

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

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 617.0502 and 617.1508, 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 617.0503, 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 | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODWORTH, TERRY | 1.2 NAME | |
| STREET ADDRESS | 2110 WOOD GLEN LANE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARIETTA GA | 1.4 CITY - ST - ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LIVELY, THOMAS T. JR. | 2.2 NAME | |
| STREET ADDRESS | 1004 GLOUZESTER ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BRUNSWICK GA | 2.4 CITY - ST - ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ESCARLEGA, JULIE | 3.2 NAME | |
| STREET ADDRESS | 1900 MEADOWBROOK LN | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MARIETTA GA | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.C. Woodworth 3-8-97 770-973-7435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0075371

CR2E037 (9/96)