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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400006536 (6)

JAMESON CONSTRUCTION COMPANY

Principal Place of Business 8 PERIMETER CENTER EAST SUITE 80500 ALTANTA GA 30346 US 2. Principal Place of Business Mailing Address 8 PERIMETER CIRCLE SUITE 8050 ATLANTA GA 30346 US 2a. Mailing Address					3. Date Incorporated or Qualified 12/21/1994 03/05/1996 4. FEI Number Applied For			
26				58-2090233			t Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc. 22 27 City & State City & State 28		7111.1		5. Certificate of Status Desired Fee Required				
			State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Ζιρ 24	Country 25	Ζιρ 29	Countr	y	8. This corporation has liability for	intangible to	ax under s.	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			81 82 83	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
SIGNATURE 12.	am familiar with, and accept the oblig Signature (just o printed name of registrined ar OFFICERS AT				red when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12
NAME STREET ADORESS CITY - ST- ZIP	KITCHIN, THOMAS W 8 PERIMETER CENTER E. ST ATLANTA GA		12 NAME	T ADDRESS			□ Culashe	Aguiton
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALKER, WILLIAM D 8 PERIMETER CENTER EAST ATLANTA GA	STE 8050	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY	T ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURLEE, STEVEN A 8 PERIMETER CENTER E. ST ATLANTA GA	DELETE E 8050	3.1 TITLE 3.2 NAME	T ADDRESS	,		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KITCHIN, CRAIG R	DELETE E 8050	4.1 TITLE 4. 2 NAM	ET ADORESS		l	Change	Addition
TITLE NAME STREET AODRESS	albitin VI] OELETE	5 1 TITLE 5 2 NAME 5.3 STREE	T ADDRESS		Ţ	Change	Addition
CITY+ST-ZIP TITLE NAME		☐ DELETE	5.4 CITY - 6.1 TITLE 6.2 NAME				Change	Addition

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on a

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

GOFFICER OR DIRECTOR

6.3 STREET ADDRESS 6.4 CITY- \$1-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

Daytime Phone #

FILED

Jan 28 1997 8:00am

Secretary of State

A# 1970