

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P21161 (5)

1. Corporation Name

JTM INDUSTRIES, INC.



Principal Place of Business

220 OUTLET POINTE BLVD
ATTN: PAM KEEFE
COLUMBIA SC 29210
US

Mailing Address

P.O. BOX 210799
ATTN: PAM KEEFE
COLUMBIA SC 29221
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/04/1988

3a. Date of Last Report
04/05/1995

4. FEI Number

74-2164490

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME FLETCHER, BILL G.
STREET ADDRESS 1000 COBB PLC BLVD #400
CITY-ST-ZIP KENNESAW GA ☐ DELETE

TITLE CD
NAME STILWELL, WILLIAM J
STREET ADDRESS 220 OUTLET POINTE BLVD
CITY-ST-ZIP COLUMBIA SC ☒ DELETE

TITLE S
NAME TAYLOR, HENRY H.
STREET ADDRESS 220 OUTLET POINTE BLVD
CITY-ST-ZIP COLUMBIA SC ☐ DELETE

TITLE VP
NAME SPRINKLE, DAVID M
STREET ADDRESS 220 OUTLET POINTE BLVD
CITY-ST-ZIP COLUMBIA SC ☐ DELETE

TITLE T
NAME HUMPHREYS, PAUL R
STREET ADDRESS 220 OUTLET POINTE BLVD
CITY-ST-ZIP COLUMBIA SC ☐ DELETE

TITLE VP
NAME SYKES, DAVID P
STREET ADDRESS 1000 COBB PLAVE BLVD
CITY-ST-ZIP KENNESAW GA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Chairman
2.3 STREET ADDRESS Kenneth W. Winger
2.4 CITY-ST-ZIP 220 Outlet Pointe Blvd.
Columbia SC 29210

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Signature and typed or printed name of signing officer or director
Henry H. Taylor

Date

803-798-2993
Daytime Phone #

CR2E034 (12/95)