

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28087** (5)  
1. Corporation Name  
**JAMESTOWN MANAGEMENT CORPORATION**



Principal Place of Business Mailing Address  
**990 HAMMOND DR SUITE 520 ATLANTA GA 30328**

3. Date Incorparated or Qualified **02/13/1990** 3a. Date of Last Report **02/06/1995**  
4. FEI Number **58-1745153** 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

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.05(2) and 607.15(6), 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 607.05(2), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOUSER, JOHN W.	
STREET ADDRESS	990 HAMMOND DR, STE. 520	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEWCOMB, WILLIAM D	
STREET ADDRESS	990 HAMMOND DR STE 520	
CITY - ST - ZIP	ATLANTA GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LIPE, WILLIAM G JR.	
STREET ADDRESS	990 HAMMOND DRIVE, STE. 520	
CITY - ST - ZIP	ATLANTA GA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KAHL, CHRISTOPH A.	
STREET ADDRESS	990 NAMMOND DR., STE 520	
CITY - ST - ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZOUKIS, STEPHEN J	
STREET ADDRESS	990 HAMMOND DR STE 520	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>DIRECTOR HOUSER, JOHN W.</b>
3. STREET ADDRESS	<b>990 HAMMOND DRIVE, SUITE 520</b>
4. CITY - ST - ZIP	<b>ATLANTA, GA 30328</b>
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>PRESIDENT RICHARD D. CROSSLEY</b>
7. STREET ADDRESS	<b>990 HAMMOND DRIVE, SUITE 520</b>
8. CITY - ST - ZIP	<b>ATLANTA, GA 30328</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. 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: *William G. Lipe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

44-96 (770) 395-3625

CR2E034 (12/95)