

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P28087 (5)**

1. Corporation Name  
**JAMESTOWN MANAGEMENT CORPORATION**



Principal Place of Business: **TWO PACES WEST, 1600 ATLANTA GA 30339 US**

Mailing Address: **TWO PACES WEST, ST. 1600 2727 PACES FERRY RD. ATLANTA GA 30339 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified  
**02/13/1990**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

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

85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Houser, John W</b>	
1.3 STREET ADDRESS	<b>Two Paces West, St 1600/2</b>	
1.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Newcomb, William D</b>	
2.3 STREET ADDRESS	<b>Two Paces West, St. 1600/2</b>	
2.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Lipe, William G Jr.</b>	
3.3 STREET ADDRESS	<b>Two Paces West, Ste 1600/2</b>	
3.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Kahl, Christoph A.</b>	
4.3 STREET ADDRESS	<b>Two Paces West, St. 1600/2</b>	
4.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Zoukis, Stephen J.</b>	
5.3 STREET ADDRESS	<b>Two Paces West, St. 1600/2</b>	
5.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Crossley, Richard D</b>	
6.3 STREET ADDRESS	<b>Two Paces West, St. 1600</b>	
6.4 CITY-ST-ZIP	<b>Atlanta, GA 30339</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: *Will. D. Newcomb* *William D. Newcomb* *4/6/98* *777-805-1001*

CR2E084 (10/97)