

FILED

Mar 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P37394 (4)</b> 1. Corporation Name: <b>JACKSON G.P., INC.</b>			
Principal Place of Business		Mailing Address	
<b>5605 GLENRIDGE DRIVE, SUITE 1010 ATLANTA GA 30342</b>		<b>5605 GLENRIDGE DRIVE, SUITE 1010 ATLANTA GA 30342-1381</b>	
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		29 30	
9. Name and Address of Current Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1. TITLE	PD	<input type="checkbox"/> DELETE	13. 11 TITLE
NAME:	JACKSON, KARLTON		12 NAME
STREET ADDRESS:	5605 GLENRIDGE DR., #1010		13 STREET ADDRESS
CITY - ST - ZIP:	ATLANTA GA 30342		14 CITY - ST - ZIP
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE
NAME:	COBURN, CHARLES F.		2.2 NAME
STREET ADDRESS:	5605 GLENRIDGE DR., #1010		2.3 STREET ADDRESS
CITY - ST - ZIP:	ATLANTA GA 30342		2.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE
NAME:			3.2 NAME
STREET ADDRESS:			3.3 STREET ADDRESS
CITY - ST - ZIP:			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
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
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
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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: _____ Charles Coburn, Secretary			



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