

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

APPROVED AND FILED

95 MAY -1 PM 3:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **F94000002551 (9)**

Principal Name of Registrant: **MRMC, INC.**

Principal Name of Registrant: **ONE PEACHTREE CENTER
300 PEACHTREE ST. NE STE. 4300
ATLANTA GA 30308**

Maining Address: **ONE PEACHTREE CENTER
300 PEACHTREE ST. NE. STE. 4300
ATLANTA GA 30308**

DO NOT WRITE IN THIS SPACE

2. Principal Name of Registrant	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. 3495 Holcomb Bridge Rd	26. 300 Peachtree St. NE	05/16/1994	
22. Norcross GA	27. GA	4. FEI Number	Applied for Not Applicable
23. 30092	28. GA	58-2057811	
24. FL	25. FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29. FL	30. FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7. This corporation has authority for filing this report under Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH 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. City

84. City

85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.08(2) and 607.13(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the filing requirements of Sections 607.08(2) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

1. NAME	CPST SHUMARD, KENNETH
2. STREET ADDRESS	3495 HOLCOMB BRIDGE ROAD
3. CITY, STATE, ZIP	NORCROSS GA 30092
4. NAME	
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	
15. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing was truthfully furnished and there is no liability for the exemption stated in Section 139.01(1) under Florida Statutes. I further certify that these changes will be filed on the annual report or other periodic annual report, as true and accurate and that my signature shall have the same legal effect as if it were in compliance with the provisions of the law for the time being in effect in the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: *[Signature]*

CPST SHUMARD, KENNETH

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

704-246-9181