

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:25

DOCUMENT # **P40090 (3)**
1. Corporation Name
RELOCATION PROPERTIES MANAGEMENT, INC.

Principal Place of Business Mailing Address
1000 ASHLAND DRIVE RUSSELL KY 41169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		61-1143349		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$6.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, ISHMAEL W.	1.2 NAME	
STREET ADDRESS	2000 ASHLAND DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	RUSSELL KY	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHOFF, RANDY K.	2.2 NAME	
STREET ADDRESS	1000 ASHLAND DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	RUSSELL KY	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABBARD, TERESA F	3.2 NAME	
STREET ADDRESS	1000 ASHLAND DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	RUSSELL KY	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, CHARLES D.	4.2 NAME	
STREET ADDRESS	3499 DABNEY DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEXINGTON KY	4.4 CITY - ST - ZIP	
TITLE	AST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, M. R	5.2 NAME	
STREET ADDRESS	3499 DABNEY DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEXINGTON KY	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, DANEIL B.	6.2 NAME	
STREET ADDRESS	1000 ASHLAND DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	RUSSELL KY	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)(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 *Charles D. Ellis* Charles D. Ellis 3-22-95 (606)357-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Year 4)