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Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P00638 (7)
1. Corporation Name
CNL/RESOURCE MARKETING CORPORATION



Principal Place of Business Mailing Address
P.O. BOX 6097 P.O. BOX 6097
MACON GA 31213 MACON GA 31213-1399

3. Date Incorporated or Qualified 01/18/1984 3a. Date of Last Report 01/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	58-1416352	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	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 FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	MILLER, DON K.	
STREET ADDRESS	1122 GRAY HWY.	
CITY - ST - ZIP	MACON GA	
TITLE	STD	DELETE
NAME	BROWN, B.W.	
STREET ADDRESS	1122 GRAY HWY.	
CITY - ST - ZIP	MACON GA	
TITLE	VD	DELETE
NAME	KELLY, E. DOYLE	
STREET ADDRESS	1122 GRAY HWY.	
CITY - ST - ZIP	MACON GA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	MILLER, DON K. PRESIDENT	Change Addition
12 NAME	2960 RIVERSIDE DRIVE	
13 STREET ADDRESS	MACON GA 31204	
14 CITY - ST - ZIP		
21 TITLE	STD	Change Addition
22 NAME	B.W. BROWN	
23 STREET ADDRESS	2960 RIVERSIDE DRIVE	
24 CITY - ST - ZIP	MACON, GA 31204	
31 TITLE	VP	Change Addition
32 NAME	KELLY, E. DOYLE	
33 STREET ADDRESS	2960 RIVERSIDE DRIVE	
34 CITY - ST - ZIP	MACON, GA 31204	
41 TITLE		Change Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		Change Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		Change Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

2/3/97

912-477-0600

CR2E034 (9/96)