

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23507 (7)**
1. Corporation Name
NATIONAL MANAGEMENT RESOURCES CORPORATION



Principal Place of Business: **113 STRIBLING DR LAGRANGE GA 30240 US**
Mailing Address: **P O BOX 1224 LAGRANGE GA 30241 US**

3. Date Incorporated or Qualified: **03/21/1989**
3a. Date of Last Report: **08/09/1995**
4. FEI Number: **84-0755858**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if not resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	HOPPE, FREDERICK D.	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	HOPPE, FREDERICK D.	1.2 NAME:	
STREET ADDRESS:	1012 RIVERSIDE DR.	1.3 STREET ADDRESS:	
CITY-ST-ZIP:	LAGRANGE GA	1.4 CITY-ST-ZIP:	
TITLE: S	HOPPE, ELEANOR	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	HOPPE, ELEANOR	2.2 NAME:	
STREET ADDRESS:	1012 RIVERSIDE DR.	2.3 STREET ADDRESS:	
CITY-ST-ZIP:	LAGRANGE GA	2.4 CITY-ST-ZIP:	
TITLE: T	HOPPE, RANDALL F	3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	HOPPE, RANDALL F	3.2 NAME:	
STREET ADDRESS:	112 FORD DR.	3.3 STREET ADDRESS:	
CITY-ST-ZIP:	LAGRANGE GA	3.4 CITY-ST-ZIP:	
TITLE: V	VITALE, ROBERT J	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	VITALE, ROBERT J	4.2 NAME:	
STREET ADDRESS:	102 WHITAKER RD.	4.3 STREET ADDRESS:	
CITY-ST-ZIP:	LAGRANGE GA	4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME:	V
STREET ADDRESS:		5.3 STREET ADDRESS:	GARRETT, WENDY G
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	200 N DEPOT ST
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	GREENVILLE, GA 30222
CITY-ST-ZIP:		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)(k), 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: **FREDERICK D HOPPE, PRESIDENT 3/6/96 706-884-7489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #