

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 18 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 # 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 30241-0024 US**

2. Principal Place of Business: 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip Country 24 | 25 |  
 2a. Mailing Address: 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip Country 29 | 30 |

3. Date Incorporated or Qualified: **03/21/1989**  
 3a. Date of Last Report: **03/19/1996**  
 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  
 10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 607.0100 and 607.1001, 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 607.0305, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of person authorized to file this report) (Print Name and Title) (Print Name and Title) (Print Name and Title)

12. OFFICERS AND DIRECTORS:

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPPE, FREDERICK D.</b>	
STREET ADDRESS	<b>1012 RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>LAGRANGE GA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPPE, ELEANOR</b>	
STREET ADDRESS	<b>1012 RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>LAGRANGE GA</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPPE, RANDALL F</b>	
STREET ADDRESS	<b>112 FORD DR.</b>	
CITY-ST-ZIP	<b>LAGRANGE GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VITALE, ROBERT J</b>	
STREET ADDRESS	<b>102 WHITAKER RD.</b>	
CITY-ST-ZIP	<b>LAGRANGE GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRETT, WENDY G.</b>	
STREET ADDRESS	<b>200 N DEPOT STREET</b>	
CITY-ST-ZIP	<b>GREENVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 NAME	
42 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
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 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* **F D Hoppe, Jr.** **3/16/97** **(727) 804-7189**

CR2E034 (9/96)