

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90001 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P23507

1. Corporation Name
NATIONAL MANAGEMENT RESOURCES CORPORATION



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 113 CORPORATE PARK EAST DR 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 LAGRANGE GA 28
 Zip Country Zip Country
 24 30241 25 29 30

3. Date Incorporated or Qualified
03/21/1989
 4. FEI Number Applied For
84-0755858 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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 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: *Frederick D. Hoppe, Jr. President* DATE: **4/30/99**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITALE, ROBERT J	4.2 NAME	
STREET ADDRESS	105 FRANKLIN PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAGRANGE GA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, WENDY G.	5.2 NAME	
STREET ADDRESS	302 N DEPOT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE FL	5.4 CITY-ST-ZIP	GREENVILLE GA 30222
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Frederick D. Hoppe, Jr.* DATE: **4/30/99** DAYTIME PHONE #: **706-884-7489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)