

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40090 (3)

1. Corporation Name

RELOCATION PROPERTIES MANAGEMENT, INC.



Principal Place of Business

1000 ASHLAND DRIVE
RUSSELL KY 41169

Mailing Address

1000 ASHLAND DRIVE
RUSSELL KY 41169

3. Date Incorporated or Qualified

08/17/1992

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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

CT CORPORATION SYSTEM

82 Street Address (P.O. Box Number is Not Acceptable)

660 EAST JEFFERSON STREET

83

84 City

TALLAHASSEE

FL

85

Zip Code

32301

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, 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 607.0503, Florida Statutes.

SIGNATURE

G. L. Hatfield, Asst. Secy.

2-20-96

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	STEVENS, ISHMAEL W.	2000 ASHLAND DRIVE RUSSELL KY
TITLE	VD	NAME	LOHOFF, RANDY K.	1000 ASHLAND DRIVE RUSSELL KY
TITLE	S	NAME	GABBARD, TERESA F	1000 ASHLAND DR. RUSSELL KY
TITLE	AS	NAME	ELLIS, CHARLES D.	3499 DABNEY DR. LEXINGTON KY
TITLE	AST	NAME	PAGE, M. R	3499 DABNEY DRIVE LEXINGTON KY
TITLE	T	NAME	HUFFMAN, DANEIL B.	1000 ASHLAND DRIVE RUSSELL KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	Change	Addition

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 or 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

1-31-96

(606) 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Assistant Treasurer

CR2E034 (12/95)