

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000041271 (6)**

1. Corporation Name

**H&M MANAGEMENT CORPORATION**



Principal Place of Business

1840 GULF BLVD.  
ENGLEWOOD FL 34223

Mailing Address

1840 GULF BLVD.  
ENGLEWOOD FL 34223

2. Principal Place of Business

2a. Mailing Address

21 309 High Street  
Suite, Apt. #, etc.

26 PO Box 150  
Suite, Apt. #, etc.

22 City & State  
23 Chattanooga, Tennessee

27 City & State  
28 Chattanooga, TN 37401

24 Zip 37403 25 Country

29 Zip 37401 30 Country

9. Name and Address of Current Registered Agent

WATSON, DAVID S  
1605 MAIN STREET  
SUITE 612  
SARASOTA FL 34236

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 PO Box 49948  
84 City  
85 Zip Code  
WATSON, DAVID S.  
240 S. Pineapple Avenue  
Sarasota FL 34230

3. Date Incorporated or Qualified  
06/07/1993

3a. Date of Last Report  
03/13/1995

4. FEI Number  
65-0421896  
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

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 607.0595, Florida Statutes.

SIGNATURE

Signature of the person authorized to register the corporation under s. 607.0502, Florida Statutes.

Signature of the Agent or registered agent under s. 607.1508, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GENTH, RICHARD E	
STREET ADDRESS	1840 GULF BLVD.	
CITY- ST- ZIP	ENGLEWOOD FL 34223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P, S, T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	G. Richard Hostetter	
13 STREET ADDRESS	309 High Street	
14 CITY- ST- ZIP	Chattanooga, Tennessee 37401	
21 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	C. G. Mills	
23 STREET ADDRESS	309 High Street	
24 CITY- ST- ZIP	Chattanooga, Tennessee 37401	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 executor or trustee or person 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, on this report with an address.

SIGNATURE: *[Signature]*

G. Richard Hostetter

(423) 265-7461

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)