

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -7 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S69794

(3)

1. Corporation Name

TMD DISPOSITION COMPANY

Principal Place of Business

3611 QUEEN PALM DRIVE
TAMPA FL 33619

Mailing Address

3611 QUEEN PALM DRIVE
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/31/1991

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3151568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REDMOND, DAVID L
3611 QUEEN PALM DRIVE
TAMPA FL

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

Signature (Typed or printed name of registered agent and the if applicable)

DATE

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

HARRELL, CECIL S.

STREET ADDRESS

3611 QUEEN PALM DRIVE

CITY, ST, ZIP

TAMPA FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

TITLE

VST

NAME

REDMOND, DAVID L

STREET ADDRESS

3611 QUEEN PALM DRIVE

CITY, ST, ZIP

TAMPA FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE

DV

NAME

MARTIN, BERTRAM T, JR

STREET ADDRESS

3611 QUEEN PALM DR

CITY, ST, ZIP

TAMPA FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE

D

NAME

CAMPBELL, DAVID N

STREET ADDRESS

3611 QUEEN PALM DR

CITY, ST, ZIP

TAMPA FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE

D

NAME

HOLT, W S

STREET ADDRESS

3611 QUEEN PALM DR

CITY, ST, ZIP

TAMPA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE

D

NAME

PRUITT, PETER T

STREET ADDRESS

3611 QUEEN PALM DR

CITY, ST, ZIP

TAMPA FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/95

813/626-7780