FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 26 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001525286
-06/28/95--01020--020
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S69794 (3)

1. Corporation Name

TMD DISPOSITION COMPANY

Principal Place of Business	Mailing Address
3611 Queen Palm Drive Tampa, FL 33619	3611 Queen Palm Drive Tampa, FL 33619

3. Date Incorporated or Qualified: 07/31/1991

3a. Date of Last Report: 04/21/1994

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

4. FEI Number: 59-3151568 ☐ 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

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 33619	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 _____ DATE
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	DP	11 TITLE	V ☐ Change ☒ Addition
NAME	HARRELL, CECIL S.	12 NAME	GERLACH, GERALD R.
STREET ADDRESS	3611 QUEEN PALM DRIVE	13 STREET ADDRESS	3611 QUEEN PALM DRIVE
CITY-ST-ZIP	TAMPA, FL	14 CITY-ST-ZIP	TAMPA, FL
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	REDMOND, DAVID L.	22 NAME	600001525286
STREET ADDRESS	3611 QUEEN PALM DRIVE	23 STREET ADDRESS	-06/28/95--01020--021
CITY-ST-ZIP	TAMPA, FL	24 CITY-ST-ZIP	******8.75 ******8.75
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	MARTIN, BERTRAM T., JR.	32 NAME	
STREET ADDRESS	3611 QUEEN PALM DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, DAVID N.	42 NAME	
STREET ADDRESS	3611 QUEEN PALM DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HOLT, W. S.	52 NAME	
STREET ADDRESS	3611 QUEEN PALM DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PRUITT, PETER T.	62 NAME	SST 6/26/95
STREET ADDRESS	3611 QUEEN PALM DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL	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 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.

SIGNATURE: Gerald R. Gerlach 6-24-95 (813)626-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #