FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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: **06/26/1995**

2. Principal Place of Business	2a. Mailing Address
21 **5111 Rogers Avenue**	26 **5111 Rogers Avenue**
Suite, Apt. #, etc. 22 **Suite 40-A**	Suite, Apt. #, etc. 27 **Suite 40-A**
City & State 23 **Fort Smith, AR**	City & State 28 **Fort Smith, AR**
Zip 24 **72919-0155** Country 25 **Sebastian**	Zip 29 **72919-0155** Country 30 **Sebastian**

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Acceptable for Mail Address) 000001033268
-05/21/96--01162--000 015

83 ***200.00

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	☒ DELETE	11 TITLE	D/P	☒ Change ☐ Addition
NAME	HARRELL, CECIL S.		12 NAME	Mathies, William A.	
STREET ADDRESS	3611 QUEEN PALM DRIVE		13 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	VST	☒ DELETE	21 TITLE	D/EV	☒ Change ☐ Addition
NAME	REDMOND, DAVID L		22 NAME	Stephens, Bobby W.	
STREET ADDRESS	3611 QUEEN PALM DRIVE		23 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	DV	☒ DELETE	31 TITLE	D/VS	☒ Change ☐ Addition
NAME	MARTIN, BERTRAM T, JR		32 NAME	Pommerville, Robert W.	
STREET ADDRESS	3611 QUEEN PALM DR		33 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	D	☒ DELETE	41 TITLE	D/C	☒ Change ☐ Addition
NAME	CAMPBELL, DAVID N		42 NAME	Banks, David R.	
STREET ADDRESS	3611 QUEEN PALM DR		43 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	D	☒ DELETE	51 TITLE	D/VC	☒ Change ☐ Addition
NAME	HOLT, W S		52 NAME	Hendrickson, Boyd W.	
STREET ADDRESS	3611 QUEEN PALM DR		53 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
CITY-ST-ZIP	TAMPA FL		54 CITY-ST-ZIP	Fort Smith, AR 72919-0155	
TITLE	D	☒ DELETE	61 TITLE	VP/AS	☒ Change ☐ Addition
NAME	PRUITT, PETER T		62 NAME	MacKenzie, John W.	
STREET ADDRESS	3611 QUEEN PALM DR		63 STREET ADDRESS	5111 Rogers Avenue, Suite 40-A	
CITY-ST-ZIP	TAMPA FL		64 CITY-ST-ZIP	Fort Smith, AR 72919-0155	

5-1-96

CR2E034 (12/95)

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 added in an accompanying with an address.

SIGNATURE: John W. MacKenzie 4/25/96 501-484-8465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #