

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S69794 (3)

1. Corporation Name
TMD DISPOSITION COMPANY

Principal Place of Business
5111 ROGERS AVENUE SUITE 40-A
FORT SMITH AR 72919-0155

Mailing Address
5111 ROGERS AVENUE SUITE 40-A
FORT SMITH AR 72919-0155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3151568	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIES, WILLIAM A.	1.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	1.4 CITY-ST-ZIP	
TITLE	DEV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, BOBBY W	2.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMMERVILLE, ROBERT W.	3.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	3.4 CITY-ST-ZIP	
TITLE	DC	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, DAVID R.	4.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	4.4 CITY-ST-ZIP	
TITLE	DVC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKSON, BOYD W	5.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, JOHN W	6.2 NAME	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT SMITH AR 72919-0155	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John W. MacKenzie

John W. MacKenzie

April 8, 1998

501-452-6712

CR2E034 (10/97)

TMD DISPOSITION COMPANY
OFFICERS AND DIRECTORS

Board of Directors

David R. Banks

Bobby W. Stephens

Boyd W. Hendrickson

Scott M. Tabakin

Robert W. Pommerville

Officers

David R. Banks
Chairman of the Board and Chief Executive Officer

Pamela H. Daniels
Vice President, Controller and Chief Accounting Officer

Boyd W. Hendrickson
President and Chief Operating Officer

Dwight C. Kouri
Vice President-Development

Robert W. Pommerville
Executive Vice President, General Counsel and Secretary

Frederic A. Maas
Vice President - Tax and Assistant Secretary

Bobby W. Stephens
Executive Vice President

John W. MacKenzie
Vice President, Deputy General Counsel and Assistant Secretary

Scott M. Tabakin
Executive Vice President and Chief Financial Officer

Christine Murray
Assistant Secretary

Schuyler Hollingsworth, Jr.
Senior Vice President and Treasurer

Holly A. Odom
Assistant Secretary

Patrice K. Acosta
Vice President-Risk Management

***Address for all officers unless otherwise noted:**

**5111 Rogers Ave., Suite 40-A
Ft. Smith, AR 72919-1000**

May 29, 1997