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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001053 (6)**

1. Corporation Name

DISPOSITION & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 160306 MOBILE AL 36616	POST OFFICE BOX 160306 MOBILE AL 36616

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report:
4. FEI Number: 63-1063760 [ ] 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. 190.032, Florida Statutes [ ] Yes [X] No

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

9. Name and Address of Current Registered Agent

CAMPUS, JOSPEH J III
7200 NORTH 9TH AVENUE, SUITE 6
PENSACOLA FL 32504-6600

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature Required by Law)

12. OFFICERS AND DIRECTORS		
TITLE	PC	[ ] DELETE
NAME	SAINT, JOHN B	
STREET ADDRESS	6601 CHIMNEY TOP DRIVE SOUTH	
CITY-ST-ZIP	MOBILE AL 36695	
TITLE	VSD	[ ] DELETE
NAME	STEFAN, CHESTER I	
STREET ADDRESS	1953 RIVER ROAD	
CITY-ST-ZIP	MOBILE AL 36605	
TITLE	T	[X] DELETE
NAME	ISHEE, WILLIAM H	
STREET ADDRESS	1605 MONTEREY PLACE	
CITY-ST-ZIP	MOBILE AL 36604	
TITLE	D	[ ] DELETE
NAME	KELLY, DONALD P	
STREET ADDRESS	1619 CARLISLE COURT	
CITY-ST-ZIP	MOBILE AL 36618	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P D	[X] Change [ ] Addition
1.2 NAME	Saint, John B.	
1.3 STREET ADDRESS	6601 Chimney Top Drive South	
1.4 CITY-ST-ZIP	Mobile, AL 36695	
2.1 TITLE	V D	[X] Change [ ] Addition
2.2 NAME	Stefan, Chester J.	
2.3 STREET ADDRESS	1953 River Road	
2.4 CITY-ST-ZIP	Mobile, AL 36605	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	[ ] Change [X] Addition
5.2 NAME	Griffin, Frederick E.	
5.3 STREET ADDRESS	262 Forest Lake Drive	
5.4 CITY-ST-ZIP	Madison, MS 39110-9431	
6.1 TITLE	S	[ ] Change [X] Addition
6.2 NAME	Weech, Paul C.	
6.3 STREET ADDRESS	209 S. Georgia Ave.	
6.4 CITY-ST-ZIP	Mobile, AL 36604	

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)(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: Chester J. Stefan 3/28/96 (334)476-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #