

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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

POST OFFICE BOX 180306
MOBILE AL 36618

Mailing Address

POST OFFICE BOX 180306
MOBILE AL 36618-1306

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1995		3a. Date of Last Report 04/10/1996	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		4. FEI Number 63-1063760		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT, JOHN B	1.2 NAME	
STREET ADDRESS	6801 CHIMNEY TOP DRIVE SOUTH	1.3 STREET ADDRESS	
CITY- ST- ZIP	MOBILE AL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFAN, CHESTER J	2.2 NAME	
STREET ADDRESS	1953 RIVER ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	MOBILE AL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, FREDERICK E	3.2 NAME	
STREET ADDRESS	262 FOREST LAKE DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MADISON MS	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DONALD P	4.2 NAME	
STREET ADDRESS	1619 CARLISLE COURT	4.3 STREET ADDRESS	
CITY- ST- ZIP	MOBILE AL 36618	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCH, PAUL C	5.2 NAME	
STREET ADDRESS	204 S GEORGIA AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MOBILE AL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)