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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 100000~~
~~MOBILE AL 36610~~

POST OFFICE BOX 160306
MOBILE AL 36616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Colonial Bank Centre

26

4. FEI Number

63-1063760

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 41 North Beltline Highway

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Mobile, AL

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 36608-1901

25

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPUS, JOSEPH J III

7200 NORTH 9TH AVENUE, SUITE 6

PENSACOLA FL 32504-0000

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3298 Summit Blvd. #18

83

84

City Pensacola,

FL

85 Zip Code

32907-4950

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SAINT, JOHN B
STREET ADDRESS 0001 CHIMNEY TOP DRIVE SOUTH
CITY-ST-ZIP MOBILE AL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME STEFAN, CHESTER J
STREET ADDRESS 1953 RIVER ROAD
CITY-ST-ZIP MOBILE AL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME BLAKE, ROB
STREET ADDRESS 1401 US HWY 80W
CITY-ST-ZIP CLINTON MS ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME KELLY, DONALD P JR
STREET ADDRESS 1619 CARLISLE COURT
CITY-ST-ZIP MOBILE AL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME WESCH, PAUL C
STREET ADDRESS 204 S GEORGIA AVE
CITY-ST-ZIP MOBILE AL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

4-24-98 173147200 2000

CR2E034 (10/97)