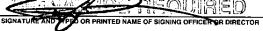
FILED

2002 Uniform Business Report (UBR)

Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** F95000001053 1. Entity Name DISPOSITION & MANAGEMENT, INC. 04-09-2002 90014 035 ***150.00 Principal Place of Business Mailing Address COLONIAL BANK CENTRE POST OFFICE BOX 160306 41 NORTH BELTLINE HIGHWAY MOBILE AL 36616 MOBILE AL 36608-1210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1063760 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMPUS, JOSPEH J (II Street Address (P.O. Box Number is Not Acceptable) 3298 SUMMIT BLVD #18 PENSACOLA FL 32503 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TIT! F Addition NAME ~ SAINT, JOHN B NAME STREET ADDRESS 6601 CHIMNEY TOP DRIVE SOUTH STREET ADDRESS CR2E034 CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Delete TITLE TITLE VD ☐ Change ☐ Addition NAME NAME STEFAN, CHESTER J STREET ADDRESS STREET ADDRESS 1953 RIVER ROAD CITY ST-ZIP CITY-ST-ZIP-MOBIL AL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME KELLY, DONALD P JR STREET ADDRESS STREET ADDRESS 1619 CARLISLE COURT CiTY-ST-ZIP CITY-ST-ZIP MOBILE AL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME WESCH, PAUL C STREET ADDRESS 204 S GEORGIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if

SIGNATURE:



changed, or on an attachment with an address, with all other like empowered

3-21-01 (251)380-2929