

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90390 033 ***150.00

DOCUMENT # F95000001053

1. Entity Name
DISPOSITION & MANAGEMENT, INC.



Principal Place of Business
**COLONIAL BANK CENTRE
41 NORTH BELTLINE HIGHWAY
MOBILE, AL 36608-1210 US**

Mailing Address
**POST OFFICE BOX 160306
MOBILE, AL 36616**

24030118

2. Principal Place of Business
41 W. Interstate 65 Service Road N.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03162004 Chg-P CR2E034 (10/03)

City & State
Mobile, AL
Zip
36608-1201

Country

City & State

Zip

Country

4. FEI Number
63-1063760

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPUS, JOSEPH J III
3298 SUMMIT BLVD #18
PENSACOLA, FL 32503**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SAINT, JOHN B**
STREET ADDRESS **6601 CHIMNEY TOP DRIVE SOUTH**
CITY - ST - ZIP **MOBILE, AL**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **370 South Sage Ave.**
CITY - ST - ZIP **Mobile, AL 36606**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10295 Kearns Road**
CITY - ST - ZIP **Theodore, AL 36582**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-04

Date

(251) 380-2929

Daytime Phone #