

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

15 MAY 1995 11:08:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092715 (9)**

1. Corporation Name

**RESOURCE MANAGEMENT & DISPOSITION, INC.**

Principal Place of Business

1511 N WEST SHORE BLVD  
SUITE 670  
TAMPA FL 33607-4523

Mailing Address

1511 N WEST SHORE BLVD  
SUITE 670  
TAMPA FL 33607-4523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

N.A.

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3248115

Applied For

Not Applicable

Suite Apt # etc

22

Suite Apt # etc

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Has this Corporation Made any  
Foreign Contributions

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

KENNER, CHARLES R  
11905 MIDDLEBURY DR  
TAMPA FL 33626-2521

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 (b)(2) and 607 (b)(3) 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 (b)(3) Florida Statutes.

SIGNATURE

Signature of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (if registered agent is not the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. Agents for Change of Office or Registered Agent

12.1 NAME	D KENNER, CHARLES R
12.2 STREET ADDRESS	11905 MIDDLEBURY DR
12.3 CITY, ST, ZIP	TAMPA FL 33626-2521
12.4 NAME	D GARCIA, ENRIQUE
12.5 STREET ADDRESS	4831 LONGFELLOW
12.6 CITY, ST, ZIP	TAMPA FL 33629
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is substantially true and does not qualify for the exemption stated in Sections 19107/19108, Florida Statutes. I further certify that the information submitted as the annual report or supplemental annual report is true and correct 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 officer 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 of this report, or the attached form with an address.

SIGNATURE:

*Charles R. Kenner*  
Signature and Typed or Printed Name of Signing Officer or Director

5-8-95 (019) 286-8481  
Date

