

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

1 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S69794

(3)

1. Corporation Name

TMD DISPOSITION COMPANY

Principal Place of Business

5111 ROGERS AVENUE SUITE 40-A
FORT SMITH AR 72919-0155

Mailing Address

5111 ROGERS AVENUE SUITE 40-A
FORT SMITH AR 72919-9001

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/31/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3151568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

Corporation Service Company

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

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code

32301

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

Deborah E. Skipper

6-5-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
MATHIES, WILLIAM A.
STREET ADDRESS 5111 ROGERS AVENUE SUITE 40-A
CITY-ST-ZIP FORT SMITH AR 72919-0155

TITLE ☐ DELETE

NAME DEV
STEPHENS, BOBBY W
STREET ADDRESS 5111 ROGERS AVENUE SUITE 40-A
CITY-ST-ZIP FORT SMITH AR 72919-0155

TITLE ☐ DELETE

NAME DVS
POMMERVILLE, ROBERT W.
STREET ADDRESS 5111 ROGERS AVENUE SUITE 40-A
CITY-ST-ZIP FORT SMITH AR 72919-0155

TITLE ☐ DELETE

NAME DC
BANKS, DAVID R.
STREET ADDRESS 5111 ROGERS AVENUE SUITE 40-A
CITY-ST-ZIP FORT SMITH AR 72919-0155

TITLE ☐ DELETE

NAME DVC
HENDRICKSON, BOYD W
STREET ADDRESS 5111 ROGERS AVENUE SUITE 40-A
CITY-ST-ZIP FORT SMITH AR 72919-0155

TITLE ☐ DELETE

NAME VPAS
MACKENZIE, JOHN W
STREET ADDRESS 5111 ROGERS AVENUE SUITE 40-A
CITY-ST-ZIP FORT SMITH AR 72919-0155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700002203157--2
-06/05/97--01079--026
***165.00 ***165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 an address.

SIGNATURE John W. MacKenzie April 18, 1997 501-452-6712

CP2E034 (9/96)

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TMD DISPOSITION COMPANY

OFFICERS AND DIRECTORS

Board of Directors

David R. Banks

Robert W. Pommerville

Boyd W. Hendrickson

Bobby W. Stephens

Officers

David R. Banks

Chairman of the Board and Chief Executive Officer

Scott M. Tabakin

Senior Vice President and Controller

Boyd W. Hendrickson

President and Chief Operating Officer

Frederic A. Maas

Vice President - Tax and Assistant Secretary

Robert W. Pommerville

Executive Vice President, General Counsel and Secretary

John W. MacKenzie

Vice President, Deputy General Counsel and Assistant Secretary

Bobby W. Stephens

Executive Vice President

Christine Murray

Assistant Secretary

Schuyler Hollingsworth, Jr.

Senior Vice President and Treasurer

Holly A. Odom

Assistant Secretary

***Address for all officers unless otherwise noted:**

**5111 Rogers Ave., Suite 40-A
Ft. Smith, AR 72919-1000**

June 17, 1996