

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **813313** (4)

1. Corporation Name  
**MODERN HOMES AND EQUIPMENT CO INC**

FILED

95 FEB -7 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>2467 NORTH DOG RIVER MOBILE ALA 36605</b>	Mailing Address <b>2467 NORTH DOG RIVER MOBILE ALA 36605</b>
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3. Date Incorporated or Qualified <b>01/12/1959</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>63-0370022</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	29. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

**DRICKA, ERICK M.  
30 S. SPRING STREET  
P.O. DRAWER 1271  
PENSACOLA FL 32596**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate)

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	ELKINS, STEVEN H.
STREET ADDRESS	150 GREENWOOD DR.
CITY - ST - ZIP	DAYPHE AL
TITLE	SD
NAME	MCPHILLIPS, S T
STREET ADDRESS	138 EATON SQUARE
CITY - ST - ZIP	MOBILE AL
TITLE	D
NAME	MCPHILLIPS JR, H M
STREET ADDRESS	229 MCGREGOR AVE
CITY - ST - ZIP	MOBILE AL
TITLE	TD
NAME	FERNANDEZ, L.M.
STREET ADDRESS	6509 SUGAR CREEK PLACE
CITY - ST - ZIP	MOBILE AL
TITLE	PD
NAME	MCPHILLIPS, JAMES D
STREET ADDRESS	138 EATON SQUARE
CITY - ST - ZIP	MOBILE AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. 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 the address.

SIGNATURE: *Sandra B. Norman* Pres. 1-31-95 205/476-8343  
DATE: \_\_\_\_\_