

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **813313** (4)

1. Corporation Name

MODERN HOMES AND EQUIPMENT CO INC



Principal Place of Business

Mailing Address

2467 NORTH DOG RIVER
MOBILE ALA 36605

2467 NORTH DOG RIVER
MOBILE ALA 36605

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

3. Date Incorporated or Qualified

01/12/1959

3a. Date of Last Report

02/07/1995

4. FEI Number

63-0370022

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. 193.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0502 and 607.1503, 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 of person whose title is listed in Block 12

DATE Registered Agent Signature is filed with this report

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELKINS, STEVEN H.	
STREET ADDRESS	150 GREENWOOD DR.	
CITY, ST, ZIP	DAPHNE AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, S T	
STREET ADDRESS	138 EATON SQUARE	
CITY, ST, ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS JR, H M	
STREET ADDRESS	229 MCGREGOR AVE	
CITY, ST, ZIP	MOBILE AL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, L.M.	
STREET ADDRESS	6509 SUGAR CREEK PLACE	
CITY, ST, ZIP	MOBILE AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCPHILLIPS, JAMES D	
STREET ADDRESS	138 EATON SQUARE	
CITY, ST, ZIP	MOBILE AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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 119.07(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, 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:

Steven H. Elkins (STEVEN H. ELKINS)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

(334) 476-8343

CR2E034 (12/95)