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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 36605-2832**

3. Date Incorporated or Qualified 01/12/1959 3a. Date of Last Report 02/05/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 63-0370022 Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

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

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23. Zip Country 28. Zip Country

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

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ **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 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: *James E. M. Phillips* **1-15-97** **334 476 8343**

CR2E034 (9/96)