~ 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT #813313** MODERN HOMES AND EQUIPMENT CO INC 01-29-2001 90136 024 ***150.00 Principal Place of Business Mailing Address 2467 NORTH DOG RIVER 2467 NORTH DOG RIVER MOBILE AL 36605 MOBILE AL 36605 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-0370022 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRLICKA, ERICK M. Street Address (P.O. Box Number is Not Acceptable) 30 S. SPRING STREET P.O. DRAWER 1271 PENSACOLA FL 32596 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change TITLE ☐ Delete ☐ Addition ELKINS, STEVEN H. NAME ELKINS, Steven NAME 150 GREENWOOD DR. STREET ADDRESS STREET ADDRESS 102 LANCASTER CITY-ST-ZIP DAPHNE AL CITY-ST-ZIP DAPHNE, AL ☐ Delete TITLE Change ☐ Addition MCPHILLIPS, S T NAME NAME 138 EATON SQUARE STREET ADDRESS STREET ADDRESS MOBILE AL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MCPHILLIPS JR, H M NAME 229 MCGREGOR AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP MOBILE AL CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition FERNANDEZ,L.M. NAME NAME 6509 SUGAR CREEK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOBILE AL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCPHILLIPS, JAMES D NAME NAME STREET ADDRESS **138 EATON SQUARE** STREET ADDRESS CITY-ST-ZIP MOBILE AL CITY-ST-ZIP TITLE ☐ Delete . TITLE Change

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other time empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-7IP

1/17/0/ 334 8343

. Daytime Phone #