

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:49

DOCUMENT # **H72773 (5)**

1. Corporation Name
MODINE SOUTHEAST, INC.

Principal Place of Business Mailing Address
% CT CORPORATION SYSTEM **% CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD **1200 S. PINE ISLAND ROAD**
PLANTATION FL 33324 **PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/23/1985	03/08/1994
22		27		4. FEI Number	Applied For
23		28		59-1632285	Not Applicable
24		25		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29		30		6. Election Campaign Financing	\$5.00 May Be Added to Fees
25		30		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, R. T.	1.2 NAME	
STREET ADDRESS	21 LAKEWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RACINE WI	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, D. R.	2.2 NAME	
STREET ADDRESS	5510 INDEPENDENCE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RACINE WI	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, M.G.	3.2 NAME	
STREET ADDRESS	RT 1 BOX 454	3.3 STREET ADDRESS	30631 Cedar Dr.
CITY-ST-ZIP	LAKE GENEVA WI	3.4 CITY-ST-ZIP	Burlington, WI 53105
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAVLICK, W.E.	4.2 NAME	
STREET ADDRESS	103 OLD PINE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	RACINE WI	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, A. D.	5.2 NAME	
STREET ADDRESS	2615 N. MAIN ST.	5.3 STREET ADDRESS	1534 College Ave.
CITY-ST-ZIP	RACINE WI	5.4 CITY-ST-ZIP	Racine, WI 53403
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKOS, D.R.	6.2 NAME	
STREET ADDRESS	5511 CITATION LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RACINE WI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report 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, director or shareholder or trustee 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, on a report with an address.

SIGNATURE: *D. R. Zakos* D. R. Zakos 2/1/95 (414) 636-1200