

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P01636** (0)
1. Corporation Name
THE M & A ELECTRIC COMPANY, INC.



Principal Place of Business: **1416 NORTH 52ND STREET BIRMINGHAM AL 35212**
Mailing Address: **P.O. BOX 321725 BIRMINGHAM FL 35232**

3. Date Incorporated or Qualified: **04/17/1984**
3a. Date of Last Report: **11/03/1995**
4. FEI Number: **63-0523898**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1506, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: COBD MORROW, W.E. (JR.)	<input type="checkbox"/> DELETE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1416 NORTH 52ND ST. BIRMINGHAM AL 35232		1.2 NAME:	
CITY, ST, ZIP: PD	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
NAME: MORROW, JOSEPH B		1.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1416 NORTH 52ND ST. BIRMINGHAM AL 35232		2.1 NAME:	
CITY, ST, ZIP: EVP	<input type="checkbox"/> DELETE	2.2 STREET ADDRESS:	
NAME: WALLIS, RODNEY J		2.3 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1416 NORTH 52ND ST. BIRMINGHAM AL 35232		3.1 TITLE:	
CITY, ST, ZIP: VP	<input type="checkbox"/> DELETE	3.2 NAME:	
NAME: MORROW, TIMOTHY T		3.3 STREET ADDRESS:	
STREET ADDRESS: 1416 NORTH 52ND ST. BIRMINGHAM AL 35232		3.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP: T	<input type="checkbox"/> DELETE	4.1 TITLE:	
NAME: MORROW, JOSEPH T		4.2 NAME:	
STREET ADDRESS: 1416 NORTH 52ND ST. BIRMINGHAM AL 35232		4.3 STREET ADDRESS:	
CITY, ST, ZIP: C	<input type="checkbox"/> DELETE	4.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MERRYFIELD, JANICE T		5.1 TITLE:	
STREET ADDRESS: 1416 NORTH 52ND ST. BIRMINGHAM AL 35232		5.2 NAME:	
CITY, ST, ZIP: C	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS:	
		5.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE:	
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form 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 in an attachment with an address.

SIGNATURE: *Joseph E. Morrow* 1-15-96 205-595-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JOSEPH E. MORROW** Treasurer

CR2E034 (12/95)