

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 28 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 # 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 35232-1725**

3. Date Incorporated or Qualified: **04/17/1984**  
 3a. Date of Last Report: **02/05/1996**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	State, Apt. #, etc.	Suite, Apt. #, etc.		<b>63-0523898</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
			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 607.1508, 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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>COBO</b>	<input type="checkbox"/> DELETE
NAME	<b>MORROW, W.E. (JR.)</b>	
STREET ADDRESS	<b>1416 NORTH 52ND ST.</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35232</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORROW, JOSEPH B</b>	
STREET ADDRESS	<b>1416 NORTH 52ND ST.</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35232</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLIS, RODNEY J</b>	
STREET ADDRESS	<b>1416 NORTH 52ND ST.</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35232</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MORROW, TIMOTHY T</b>	
STREET ADDRESS	<b>1416 NORTH 52ND ST.</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35232</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MORROW, JOSEPH T</b>	
STREET ADDRESS	<b>1416 NORTH 52ND ST.</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35232</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MERRYFIELD, JANICE T</b>	
STREET ADDRESS	<b>1416 NORTH 52ND ST.</b>	
CITY - ST - ZIP	<b>BIRMINGHAM AL 35232</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: Joseph E. Morrow 5-19-97 (208) 595-9700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)