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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P11765** (5)
1. Corporation Name
SECO EQUIPMENT COMPANY, INC.

Principal Place of Business

**616 7TH STREET N.
P.O. BOX 110099
BIRMINGHAM AL 35211**

Mailing Address

**616 7TH STREET N.
P.O. BOX 110099
BIRMINGHAM AL 35211-0099**



3. Date Incorporated or Qualified **10/13/1986** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 63-0649033	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**MCALLISTER, GEORGE JR.
1151 E. 15TH STREET
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	
NAME	SIMMONS, JOHN F.	12. NAME	
STREET ADDRESS	200 CHOCTAW LANE	13. STREET ADDRESS	
CITY- ST- ZIP	PELHAM AL	14. CITY- ST- ZIP	
TITLE	VD	2.1. TITLE	
NAME	THOMAS, ANN	2.2. NAME	
STREET ADDRESS	1221 RUMSON DR	2.3. STREET ADDRESS	
CITY- ST- ZIP	BIRMINGHAM AL	2.4. CITY- ST- ZIP	
TITLE	STD	3.1. TITLE	
NAME	SIMMONS, ANNIE M.	3.2. NAME	
STREET ADDRESS	200 CHOCTAW LANE	3.3. STREET ADDRESS	
CITY- ST- ZIP	PELHAM AL	3.4. CITY- ST- ZIP	
TITLE		4.1. TITLE	
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY- ST- ZIP		4.4. CITY- ST- ZIP	
TITLE		5.1. TITLE	
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY- ST- ZIP		5.4. CITY- ST- ZIP	
TITLE		6.1. TITLE	
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY- ST- ZIP		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: Anne Thomas Anne Thomas 4-16-97 205-252-9643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)