

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **858043** (3)
1. Corporation Name
MOBILE SUPPLY COMPANY, INC.



Principal Place of Business: 2750 BROOKLEY AVE. MOBILE AL 36606-9298
Mailing Address: 2750 BROOKLEY AVE. MOBILE AL 36606-9298

3. Date Incorporated or Qualified: 10/07/1983
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
22	Suite, Apt #, etc.	26	Suite, Apt #, etc.	63-0837538		Not Applicable
23	City & State	27	City & State	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30		30	Country			

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		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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, Title or position of person appointed as registered agent. (NOTE: Registered Agent signature is required when filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STALLINGS, RAYMOND J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2750 BROOKLEY AVE.	1.2 NAME	
STREET ADDRESS	MOBILE AL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STV STALLINGS, JULIA T.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2750 BROOKLEY AVE.	2.2 NAME	
STREET ADDRESS	MOBILE AL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D STALLINGS, JOEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2750 BROOKLEY AVE.	3.2 NAME	
STREET ADDRESS	MOBILE AL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 or changed, or on an attachment with an address.

SIGNATURE: *Raymond J. Stallings*
RAYMOND J. STALLINGS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)