

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

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 JUN 30 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Principal Place of Business: **2750 Brookley Ave. Mobile AL 36606-9298**
 Mailing Address: **2750 Brookley Ave Mobile AL 36606-9298**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	10/7/1983
4. FEI Number	63-0837538
Applied For	<input type="checkbox"/> Not Applicable
6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current 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	FL
86	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: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	STALLINGS, RAYMOND J
STREET ADDRESS	2750 BROOKLEY AVE
CITY - ST - ZIP	MOBILE AL
TITLE	STV <input type="checkbox"/> DELETE
NAME	STALLINGS, JULIA T
STREET ADDRESS	2750 BROOKLEY AVE
CITY - ST - ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	STALLINGS, JOEL
STREET ADDRESS	2750 BROOKLEY AVE
CITY - ST - ZIP	MOBILE AL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	80000258420
2.3 STREET ADDRESS	-07/09/98--01041--009
2.4 CITY - ST - ZIP	****150.00 ****150.00
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 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: _____ Date: 6/17/98 Daytime Phone # _____

GR2E034 (10/97)

108
6/30/98



June 16, 1998

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Mobile Supply Company, Inc.

Dear Sirs:

Due to confusion occurring in our office we were unable to file the 1998 Florida Annual Report in a timely manner. In the prior year, our client filed this form and we assumed they would file it again in the current year. However, Mobile Supply's understanding was that we were to file this form. We request that you accept the enclosed check as payment for the entire annual fee and that the penalty be abated.

Thank you in advance for your consideration of this matter.

Very truly yours,

A handwritten signature in black ink, appearing to read "W. Allen Carroll III".

W. Allen Carroll III, CPA
For the Firm

wac/cp

wpdata\6265\abate

Enclosure

WILKINS MILLER, P.C.

2800 DAUPHIN STREET ~ SUITE 101 ~ P.O. BOX 6237 ~ MOBILE, ALABAMA 36660

TELEPHONE: 334-476-5500 ~ FACSIMILE: 334-473-4535

INTERNET: WMCPA@WILKINSMILLER.COM