

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

**FILED**  
**Mar 11 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 142619 (6)**  
 1. Corporation Name  
**FLORIDA POWER CORPORATION**



Principal Place of Business <b>P.O. BOX 14042                  3201 34TH STREET SOUTH                  ST PETERSBURG FL 33733-4042</b>	Mailing Address <b>ONE PROGRESS PLAZA                  SUITE 2600-P. FRY                  ST.PETERSBURG FL 33701-4353</b>
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<b>2</b> Principal Place of Business	<b>2a</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3</b> Date incorporated or Qualified <b>07/18/1899</b>	<b>3a</b> Date of Last Report <b>03/25/1996</b>
<b>4</b> FEI Number <b>59-0247770</b>	Applied For Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**FAMA, JAMES P  
 3201 34TH ST SOUTH  
 ST. PETERSBURG FL 33711**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign the typed or printed name of registered agent and file it as applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DC	<input type="checkbox"/> DELETE
NAME	CRITCHFIELD, JACK B.	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORPAN, RICHARD	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	POCE	<input type="checkbox"/> DELETE
NAME	KEESLER, ALLEN J., JR.	
STREET ADDRESS	3201 34TH ST. SO.	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	VSGC	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, KENNETH E	
STREET ADDRESS	3201 34TH ST. SO.	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HALEY, KATHLEEN M.	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1345 Snell Harbor Dr.	
3.4 CITY - ST - ZIP		
4.1 TITLE	VGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	S	<input checked="" 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		

**800002111108**  
**-03/12/97--01058--003**  
**\*\*\*165.00**

**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 contained 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, unchanged, or in an attachment with an address.

**SIGNATURE:** *Kathleen M. Haley* **Kathleen M. Haley, Secretary** **2/27/97** **(813) 824-6531**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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**FLORIDA POWER CORPORATION**

**NAMES OF OFFICERS  
AND DIRECTORS**            **TITLE**                                  **STREET ADDRESS**                                  **CITY AND STATE**