

**FILE NOW: FILING FEE IS \$61.25**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790278**  
 1. Corporation Name  
**SUMTER ELECTRIC COOPERATIVE, INC**

Principal Place of Business <b>293 S. US Hwy 301 P.O. Box 301 SUMTERVILLE FL 33585-0301</b>	Mailing Address <b>P.O. Box 301 SUMTERVILLE FL 33585-0301</b>
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2. Principal Place of Business 21 <b>293 S. US Hwy 301</b>	2a. Mailing Address 26 <b>P.O. Box 301</b>	3. Date Incorporated or Qualified <b>01/15/1938</b>	3a. Date of Last Report <b>01/23/95</b>
Suite, Apt. #, etc. 22 <b>P.O. Box 301</b>	Suite, Apt. #, etc. 27	4. FEI Number <b>59-0469125</b>	Applied For Not Applicable
City & State 23 <b>SUMTERVILLE FL</b>	City & State 28 <b>SUMTERVILLE FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33585-0301</b>	Country 25 <b>USA</b>	Zip 29 <b>33585-0301</b>	Country 30 <b>USA</b>
9. Name and Address of Current Registered Agent <b>DUNCAN, JAMES P. 293 So. US Hwy 301 SUMTERVILLE FL 33585-0301</b>		10. Name and Address of New Registered Agent 81 Name <b>DUNCAN, JAMES P</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>293 So US Hwy 301</b> 83 84 City <b>SUMTERVILLE</b> FL 85 Zip Code <b>33585-0301</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE James P. Duncan **JAMES P. DUNCAN GENERAL MANAGER 5/24/96**  
Signature, typed or printed name of registered agent and his/her applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHEPPARD, WILSON G</b>		1.2 NAME	
STREET ADDRESS <b>32215 GENESE ROAD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>SORRENTO, FL 32776</b>		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOYATT, DILLARD B.</b>		2.2 NAME	
STREET ADDRESS <b>209 JASPER ST</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BUSHNELL FL 33513</b>		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CONLEY, MICHAEL H.</b>		3.2 NAME	
STREET ADDRESS <b>JUSTAMERE LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLERMONT FL 34712</b>		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GENTRY, ROBERT G.</b>		4.2 NAME	
STREET ADDRESS <b>3675 POMPANO ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>DUNNELLON FL 34431</b>		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAWKINS, LEON S.</b>		5.2 NAME	
STREET ADDRESS <b>4281 SW 145TH PL</b>		5.3 STREET ADDRESS <b>300001851793</b>	
CITY-ST-ZIP <b>OLALA FL 34473</b>		5.4 CITY-ST-ZIP <b>-06/05/96--01046--040</b>	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HODGES, W.L.</b>		6.2 NAME	
STREET ADDRESS <b>C.R. 433</b>		6.3 STREET ADDRESS <b>***61.25</b>	
CITY-ST-ZIP <b>LAKE PANASOFFKE FL 33538</b>		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dillard B. Boyatt **VICE PRESIDENT 5/24/96 (352) 793-3801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**NON-PROFIT CORPORATION  
ANNUAL REPORT - 1996**

**SUMTER ELECTRIC COOPERATIVE, INC.**

**LIST OF ADDITIONAL DIRECTORS**

<b>Title</b>	Director
<b>Name</b>	Muffett, Earl
<b>Street Address</b>	4680 SE 166th St
<b>City, State, Zip</b>	Summerfield, FL 34491

<b>Title</b>	Director
<b>Name</b>	Vick, Ray F.
<b>Street Address</b>	1210 S. Waterview Dr.
<b>City, State, Zip</b>	Inverness, FL 34450

<b>Title</b>	Director
<b>Name</b>	Webb, Elmer E.
<b>Street Address</b>	35526 Estes Road
<b>City, State, Zip</b>	Eustis, FL 32726