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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790278 (6)
1. Corporation Name
SUMTER ELECTRIC COOPERATIVE, INC.



Principal Place of Business P.O. BOX 301 293 S. US HWY 301 SUMTERVILLE FL 33585-0301 US	Mailing Address P.O. BOX 301 SUMTERVILLE FL 33585-0301
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3. Date Incorporated or Qualified 01/15/1938	
4. FEI Number 59-0469125	Applied For <input type="checkbox"/> Not Applicable
5. 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business 21	2a. Mailing Address 26 JAMES P. DUNCAN
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 301
City & State 23	City & State 28 SUMTERVILLE FL
Zip 24	Country 30 US
Country 25	Zip 29 33585

9. Name and Address of Current Registered Agent DUNCAN, JAMES P. 293 SOUTH US HWY 301 SUMTERVILLE FL 33585		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 **CEO & GENERAL MANAGER** 1/26/98
DATE: 1/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HAWKINS, LEON	1.2 NAME	D MUFFETT, EARL
STREET ADDRESS	4281 SW 145TH PL	1.3 STREET ADDRESS	4680 SE 166TH ST
CITY-ST-ZIP	OCALA FL 34473	1.4 CITY-ST-ZIP	SUMMERFIELD FL 34491
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST CONLEY, MICHAEL H	2.2 NAME	D VICK, RAY
STREET ADDRESS	JUSTAMERE LANE	2.3 STREET ADDRESS	1210 S. WATERVIEW DR
CITY-ST-ZIP	CLERMONT FL 34712	2.4 CITY-ST-ZIP	INVERNESS FL 34450
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D HODGES, W.L.	3.2 NAME	D WEBB, ELMER
STREET ADDRESS	CR 433	3.3 STREET ADDRESS	35526 ESTES ROAD
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	3.4 CITY-ST-ZIP	EUGTIS FL 32736-7705
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BOYATT, DILLARD B	4.2 NAME	
STREET ADDRESS	209 JASPER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SHEPPARD, WILSON G	5.2 NAME	
STREET ADDRESS	32215 SENESE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL 32776	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GENTRY, ROBERT G	6.2 NAME	
STREET ADDRESS	3675 POMPANO RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34431	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William H. Sherman 1/26/98 (352) 793-3801

CR2E037 (10/97)