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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790278

1. Corporation Name

SUMTER ELECTRIC COOPERATIVE, INC.

Principal Place of Business

P.O. BO 301
293 S. US HWY 301
SUMTERVILLE FL 33585-0301
US

Mailing Address

DUNCAN, JAMES P
P.O. BOX 301
SUMTERVILLE FL 33585
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/15/1938

22 City & State

27 City & State

4. FEI Number
59-0469125

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 25

29 30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUNCAN, JAMES P.
293 SOUTH US HWY 301
SUMTERVILLE FL 33585

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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*

(NOTE: Registered Agent signature required when reinstating)

1/7/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

D
NAME HAWKINS, LEON
STREET ADDRESS 4281 SW 145TH PL
CITY-ST-ZIP Ocala FL 34473

1.1 TITLE Change Addition

D
1.2 NAME FORREST R. JONES, SR.
1.3 STREET ADDRESS 16451 FORREST LANE
1.4 CITY-ST-ZIP GROVELAND, FL 34736

TITLE DELETE

ST
NAME CONLEY, MICHAEL H
STREET ADDRESS JUSTAMERE LANE
CITY-ST-ZIP CLERMONT FL 34712

2.1 TITLE Change Addition

D
2.2 NAME EARL MUFFETT
2.3 STREET ADDRESS 4680 SE 166TH ST
2.4 CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE DELETE

D
NAME HODGES, W.L.
STREET ADDRESS CR 433
CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

3.1 TITLE Change Addition

ST
3.2 NAME RAY VICK
3.3 STREET ADDRESS 1210 S. WATERVIEW DR
3.4 CITY-ST-ZIP INVERNESS FL 34450

TITLE DELETE

V
NAME BOYATT, DILLARD B
STREET ADDRESS 209 JASPER ST.
CITY-ST-ZIP BUSHNELL FL 33513

4.1 TITLE Change Addition

D
4.2 NAME ELMER WEBB
4.3 STREET ADDRESS 35526 ESTES RD
4.4 CITY-ST-ZIP EUSTIS FL 32736-7705

TITLE DELETE

P
NAME SHEPPARD, WILSON G
STREET ADDRESS 32215 SENESE RD.
CITY-ST-ZIP SORRENTO FL 32776

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

D
NAME GENTRY, ROBERT G
STREET ADDRESS 3675 POMPANO RD
CITY-ST-ZIP DUNNELLON FL 34431

6.1 TITLE Change 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James P. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

(352) 793-3801

Daytime Phone #

CR2E037 (11/98)