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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790363 (6)

1. Corporation Name

TALQUIN ELECTRIC COOPERATIVE, INC.



Principal Place of Business

Mailing Address

1640 W JEFFERSON ST
P O BOX 1679
QUINCY FL 32351

1640 W JEFFERSON ST
P O BOX 1679
QUINCY FL 32353-1679
US

3. Date Incorporated or Qualified
07/26/1940

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number
59-0474475

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAUGHLIN, WILLIAM E.
1640 W. JEFFERSON STREET
QUINCY FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE
NAME ENGLISH, COLIN JR.
STREET ADDRESS 4267 ENGLISH LN
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V DELETE
NAME GREEN, MAL
STREET ADDRESS RT 3, BOX 600/NA
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST DELETE
NAME LEWIS, BERNARD
STREET ADDRESS RT. 5, BOX 89/NA
CITY-ST-ZIP QUINCY FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DT DELETE
NAME FENN, SAMUEL
STREET ADDRESS 3539 LAKEVIEW RD.
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT DELETE
NAME BATES, M. B.
STREET ADDRESS 329 N. JACKSON ST.
CITY-ST-ZIP QUINCY FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT DELETE
NAME SUMNER, AMOS
STREET ADDRESS BLUE CREEK ROAD
CITY-ST-ZIP HOSFORD FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: *Bernard Lewis*

Bernard Lewis

1/23/97

904/627-7651

CR2E037 (9/96)