

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

**FILED**

**Jan 29 1996 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 790363 (6)**  
1. Corporation Name  
**TALQUIN ELECTRIC COOPERATIVE, INC.**



Principal Place of Business <b>1640 W JEFFERSON ST P O BOX 1679 QUINCY FL 32351</b>	Mailing Address <b>1640 W JEFFERSON ST P O BOX 1679 QUINCY FL 32353-1679 US</b>
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3. Date Incorporated or Qualified <b>07/26/1940</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>59-0474475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

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

**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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ENGLISH, COLIN JR.</b>	
STREET ADDRESS	<b>4267 ENGLISH LN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, MAL</b>	
STREET ADDRESS	<b>RT 3, BOX 600/NA</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, BERNARD</b>	
STREET ADDRESS	<b>RT. 5, BOX 89/NA</b>	
CITY-ST-ZIP	<b>QUINCY FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>FENN, SAMUEL</b>	
STREET ADDRESS	<b>3539 LAKEVIEW RD.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BATES, M. B.</b>	
STREET ADDRESS	<b>329 N. JACKSON ST.</b>	
CITY-ST-ZIP	<b>QUINCY FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>SUMNER, AMOS</b>	
STREET ADDRESS	<b>BLUE CREEK ROAD</b>	
CITY-ST-ZIP	<b>HOSFORD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input 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		

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:** *Bernard Lewis* **Bernard Lewis** **1/24/96** **904/627-7651**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)