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NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 790363

1. Corporation Name

TALQUIN ELECTRIC COOPERATIVE, INC.

Principal Place of Business

1640 W JEFFERSON ST
P O BOX 1679
QUINCY FL 32351

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
07/26/1940

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

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 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

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

Bernard Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Lewis

1/20/98

Date

850/627-7651

Daytime Phone #

CR2E037 (11/98)