

FLORIDA PROGRESS CORPORATION

Pauline M. Fry **Paralegal**

August 27, 1997

Division of Corporations P. o. Box 6327 Tallahassee, FL 32314

> Florida Power Corporation Re:

Document No. 142619 Change of Registered Agent 600002280816--0 -08/29/97--01032--016

Dear Madam Secretary:

Enclosed is a Statement of Change of Registered Agent for filing. Our check in the amount of \$35.00 is also enclosed.

If you should have questions or need additional information, please call me.

Very truly your

Pauline M. Fry

/pf Encls.

> One Progress Plaza, St. Petersburg, Florida 33701 (813) 824-6515 Fax (813) 824-6537

FLORIDA CORPORATIONS

Statement of Change— Registered Office or Agent

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. FLORIDA POWER CORPORATION 1. The name of the corporation is: -142619 July 18, 1899 Document number___ 1a. Date of incorporation ___ 2. The name and address of the current registered agent and office: JAMES P. FAMA 3201 34th Street South St. Petersburg, FL 33711 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) 3201 34th Street South St. Petersburg, FL. 33711 MARY SUE GRAY The street address of its registered agent and the street address of the business office of its registered agent as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (rlame and title) eph H. Richardson, President & Chief Executive Officer HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE (Registered 111 415/ 20, 19

FILING FEE: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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