

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 7:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790272 (9)
1. Corporation Name

CLAY ELECTRIC COOPERATIVE, INC.

Principal Place of Business: 225 W. WALKER DRIVE, P. O. BOX 308, KEYSTONE HEIGHTS FL 32656
Mailing Address: 225 W. WALKER DRIVE, P. O. BOX 308, KEYSTONE HEIGHTS FL 32656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1937
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-0196695
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
PHILLIPS, WILLIAM C.
225 W. WALKER DR.
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HASTINGS, ANGUS
STREET ADDRESS	SE CORNER CR 315 & CR316
CITY - ST - ZIP	FT MCCOY FL 32134
TITLE	SD
NAME	WINGATE, RAYMOND
STREET ADDRESS	6505 IMMOKALEE RD
CITY - ST - ZIP	KEYSTONE HEIGHTS FL 32656
TITLE	D
NAME	MULLINS, ROBERT S.
STREET ADDRESS	1700 S. WATER ST.
CITY - ST - ZIP	STARKE FL 32091
TITLE	VD
NAME	MALPHURS, THOMAS L
STREET ADDRESS	ROUTE 1, BOX 84
CITY - ST - ZIP	ALACHUA FL 32815
TITLE	TD
NAME	SMITH, CEDRICK M JR
STREET ADDRESS	RT. 1, BOX 350
CITY - ST - ZIP	MICANOPY FL
TITLE	PD
NAME	GNANN, FLOYD
STREET ADDRESS	4138 EVERETT AVENUE
CITY - ST - ZIP	MIDDLEBURG FL 32068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	17188 NE 45TH AVENUE ROAD
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1702 S. WATER STREET
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 checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	Micanopy, FL 32696
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)(b), 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: Raymond Wingate 4-10-95 (904) 473-4911
Raymond Wingate Date (Type in Full)

790272

APPROVED

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE	D	7.1 TITLE	FILED
7.2 NAME	Smith, Kelly R., Jr.	7.2 NAME	
7.3 ADDRESS	Rt. 2, Box 1746	7.3 ADDRESS	95 APR 20 PM 7:02
7.4 CITY-ST-ZIP	Palatka, FL 32177	7.4 CITY-ST-ZIP	
8.1 TITLE	D	8.1 TITLE	SECRETARY OF STATE
8.2 NAME	Reeves, Susan S.	8.2 NAME	TALLAHASSEE, FLORIDA
8.3 ADDRESS	Rt. 3, Box 67	8.3 ADDRESS	
8.4 CITY-ST-ZIP	Hawthorne, FL 32640-2146	8.4 CITY-ST-ZIP	
9.1 TITLE	D	9.1 TITLE	
9.2 NAME	Whitehead, John	9.2 NAME	
9.3 ADDRESS	Rt. 1, Box 478	9.3 ADDRESS	
9.4 CITY-ST-ZIP	Lake Butler, FL 32054	9.4 CITY-ST-ZIP	