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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 790272

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/09/1937	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0196695	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PHILLIPS, WILLIAM C. 225 W. WALKER DR. KEYSTONE HEIGHTS FL 32656				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, ANGUS		1.2 NAME		
STREET ADDRESS	17188 NE 45TH AVENUE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MCCOY FL 32134		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGATE, RAYMOND		2.2 NAME		
STREET ADDRESS	6505 IMMOKALEE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656		2.4 CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> DELETE	3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, ROBERT S.		3.2 NAME		
STREET ADDRESS	1700 S WATERS ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL 32091		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALPHURS, THOMAS L		4.2 NAME		
STREET ADDRESS	17216 N.W. 262 AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615		4.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CEDRICK M JR		5.2 NAME		
STREET ADDRESS	106 NE 6TH AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL 32696		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GNANN, FLOYD		6.2 NAME		
STREET ADDRESS	4138 EVERETT AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG FL 32068		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: _____ DATE: 4-2-99 (352) 473-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)

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12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
7.1 TITLE		7.1 TITLE	D X Change X Addition
7.2 NAME		7.2 NAME	Smith, Kelly R., Jr.
7.3 ADDRESS		7.3 ADDRESS	P.O. Box 75 N/A
7.4 CITY-ST-ZIP		7.4 CITY-ST-ZIP	Bostwick, Fl 32007
8.1 TITLE		8.1 TITLE	D X Change X Addition
8.2 NAME		8.2 NAME	Reeves, Susan S.
8.3 ADDRESS		8.3 ADDRESS	12028 SE Hwy 301
8.4 CITY-ST-ZIP		8.4 CITY-ST-ZIP	Hawthorne, Fl 32640
9.1 TITLE		9.1 TITLE	V/D X Change X Addition
9.2 NAME		9.2 NAME	Whitehead, John
9.3 ADDRESS		9.3 ADDRESS	RT. 1 Box 478 N/A
9.4 CITY-ST-ZIP		9.4 CITY-ST-ZIP	Lake Butler, Fl 32054
10.1 TITLE		10.1 TITLE	CEO Change X Addition
10.2 NAME		10.2 NAME	Phillips, William C.
10.3 ADDRESS		10.3 ADDRESS	225 W. Walker Dr.
10.4 CITY-ST-ZIP		10.4 CITY-ST-ZIP	Keystone Heights, Fl 32656

*Note the N/A in the address is because no street address is available.