

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 807911

1. Corporation Name

SOUTHERN COMPANY SERVICES, INC.

Principal Place of Business

241 RALPH MCGILL BOULEVARD
ATLANTA GA 30303
US

Mailing Address

AUDRA L. MCCLELLAN
270 PEACHTREE STREET
ATLANTA GA 30303
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1949

4. FEI Number

63-0274273

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0501 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

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	D	<input type="checkbox"/> DELETE
NAME	DAHLBERG, A. WILLIAM	
STREET ADDRESS	270 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENICOLA, PAUL J	
STREET ADDRESS	241 RALPH MCGILL BOULEVARD	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ADAMS, KERRY E	
STREET ADDRESS	42 INVERNESS CENTER PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHISHOLM, TOMMY	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, PATRICIA L	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RAWLINS, CHARLES O	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30303	

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	P <input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	Sam H. Dabbs, Jr.
5.4 CITY-ST-ZIP	270 Peachtree Street Atlanta, GA 30303
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 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 307, 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:

Sam H. Dabbs, Jr.

4/20/99

404-506-0534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)