

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **815636** (6)  
1. Corporation Name  
**GEORGIA ELECTRIC COMPANY**

Principal Place of Business <b>1412 W OAKRIDGE DR P O BOX 3108 ALBANY GA 31708</b>	Mailing Address <b>1412 W OAKRIDGE DR P O BOX 3108 ALBANY GA 31708</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/26/1961</b>	
				4. FEI Number <b>58-0629219</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Chairman/President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM J. MERCURIO			1.2 NAME	Gerry W. Hall		
STREET ADDRESS	1801 FORUM PLACE			1.3 STREET ADDRESS	1412 W Oakridge Drive		
CITY-ST-ZIP	WEST PALM BCH FL			1.4 CITY-ST-ZIP	Albany, GA. 31707		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIEL L. OSBORNE			2.2 NAME	James B. Hall		
STREET ADDRESS	1801 FORUM PLACE			2.3 STREET ADDRESS	1412 W. Oakridge Drive		
CITY-ST-ZIP	WEST PALM BCH FL			2.4 CITY-ST-ZIP	Albany, GA 31707		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary/Asst. Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERT W. FRYER			3.2 NAME	Billy V. Ray		
STREET ADDRESS	1412 W. OAKRIDGE DR.			3.3 STREET ADDRESS	1412 W. Oakridge Drive		
CITY-ST-ZIP	ALBANY, GA 00000			3.4 CITY-ST-ZIP	Albany, GA 31707		
TITLE	AT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Asst. Secretary/Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSEMARIE MULHOLLAND			4.2 NAME	Robert W. Fryer		
STREET ADDRESS	1801 FORUM PLACE			4.3 STREET ADDRESS	1412 W. Oakridge Drive		
CITY-ST-ZIP	WEST PALM BCH FL			4.4 CITY-ST-ZIP	Albany, GA 31707		
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, GERRY W			5.2 NAME			
STREET ADDRESS	1412 W OAKRIDGE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALBANY GA			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, JAMES B			6.2 NAME			
STREET ADDRESS	1412 W. OAKRIDGE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALBANY GA			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ 1-8-98 010-1752214

CR2E034 (10/97)