

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90042 034 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # 815636**

1. Corporation Name  
**GEORGIA ELECTRIC COMPANY**

Principal Place of Business

1412 W OAKRIDGE DR  
P O BOX 3108  
ALBANY GA 31708

Mailing Address

1412 W OAKRIDGE DR  
P O BOX 3108  
ALBANY GA 31708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1961

4. FEI Number

58-0629219

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

Edward Pollock

82 Street Address (P.O. Box Number is Not Acceptable)

Able Telcom Holding Corp.

83 1601 Forum Place, Suite 1110

84 City

West Palm Beach

85 Zip Code

FL 33401

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	HALL, GERRY W	
STREET ADDRESS	1412 W OAKRIDGE DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HALL, JAMES B	
STREET ADDRESS	1412 W OAKRIDGE DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RAY, BILLY V	
STREET ADDRESS	1412 W OAKRIDGE DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FRYER, ROBERT W	
STREET ADDRESS	1412 W OAKRIDGE DR	
CITY-ST-ZIP	ALBANY GA 31707	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HALL, GERRY W	
STREET ADDRESS	1412 W OAKRIDGE DR	
CITY-ST-ZIP	ALBANY GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALL, JAMES B	
STREET ADDRESS	1412 W. OAKRIDGE DR	
CITY-ST-ZIP	ALBANY GA	

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	<input type="checkbox"/> Change <input 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 607, 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:

Billy V. Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)