

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90033 049 \*\*\*158.75

**DOCUMENT #** 815636

**1. Entity Name**

Georgia Electric Company

**DO NOT WRITE IN THIS SPACE**

**BATCH# 425302**

**2. Principal Place of Business**  
1412 W. Oakridge Drive

**3. Mailing Address**  
PO Box 3108

Suite, Apt. #, etc.

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**DO NOT WRITE IN THIS SPACE**

**City & State**  
Albany, Georgia

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Albany, Georgia

**4. FEI Number**  
58-0629219

**Applied For**  
Not Applicable

**Zip**  
31707

**Country**  
Dougherty

**Zip**  
31706

**Country**  
Dougherty

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Andrea Jennings

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

135 Horizon Court

**City**  
Lakeland

**FL**

**Zip Code**  
33813

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D/C/P	Lance McNeill	135 Horizon Court	Lakeland, FL 33813				
V.P.	William S. Mathis, Jr.	1412 W. Oakridge Dr.	Albany, GA 31707				
V.P.	Michael K. Reichart	135 Horizon Court	Lakeland, FL 33813				
S/T	Robert W. Fryer	1412 W. Oakridge Dr.	Albany, GA 31707				

**DO NOT WRITE  
IN THIS SPACE**

**13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.**

Robert W. Fryer, Asst. Sec./Treasurer

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02

Date

229-435-2241

Daytime Phone #

CR2E034B (12/01)