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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 822544 (3)

1. Corporation Name
SOUTH GEORGIA NATURAL GAS COMPANY



Principal Place of Business
**1900 5TH AVENUE NORTH
 PO BOX 2563
 BIRMINGHAM AL 35202-2563**

Mailing Address
**1900 5TH AVENUE NORTH
 PO BOX 2563
 BIRMINGHAM AL 35202-2563**

3. Date Incorporated or Qualified 03/21/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 63-0571594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST.
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and the date applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MEYERS, GREGORY P.	
STREET ADDRESS	1900 5TH AVE. N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARKER, THOMAS V	
STREET ADDRESS	1900 FIFTH AVE NORTH	
CITY-ST-ZIP	BIRMINGHAM, ALA 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, JAMES F., JR	
STREET ADDRESS	1900 5TH AVE. N.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENDRICKSON, R. DAVID	
STREET ADDRESS	1900 FIFTH AVE., N	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, L. DAVID	
STREET ADDRESS	1900 FIFTH AVE NORTH	
CITY-ST-ZIP	BIRMINGHAM, ALA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, JOEL A	
STREET ADDRESS	1900 5TH AVENUE NORTH	
CITY-ST-ZIP	BIRMINGHAM AL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barker, Thomas W. Jr
2.3 STREET ADDRESS	1900 Fifth Avenue North
2.4 CITY-ST-ZIP	Birmingham, AL 35203
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 do 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: *Thomas W. Barker Jr* Thomas W. Barker Jr April 10, 1997 (205) 325-3835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)