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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822544

1. Corporation Name

SOUTH GEORGIA NATURAL GAS COMPANY

Principal Place of Business

1900 5TH AVENUE NORTH
PO BOX 2563
BIRMINGHAM AL 35202-9563

Mailing Address

1900 5TH AVENUE NORTH
PO BOX 2563
BIRMINGHAM AL 35202-9563

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1969

4. FEI Number

63-0571594

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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **MEYERS, GREGORY P.**
STREET ADDRESS **1900 5TH AVE. N.**
CITY-STATE-ZIP **BIRMINGHAM AL**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **Norman G. Holmes**
1.3 STREET ADDRESS **1900 5th Ave3 North**
1.4 CITY-STATE-ZIP **Birmingham, AL 35202** ☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **MUSGRAVE, JOHN M**
STREET ADDRESS **1900 FIFTH AVE NORTH**
CITY-STATE-ZIP **BIRMINGHAM, ALA 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **V** ☐ DELETE
NAME **CUNNINGHAM, JAMES F., JR**
STREET ADDRESS **1900 5TH AVE. N.**
CITY-STATE-ZIP **BIRMINGHAM AL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **S** ☐ DELETE
NAME **HENDRICKSON, R. DAVID**
STREET ADDRESS **1900 FIFTH AVE., N**
CITY-STATE-ZIP **BIRMINGHAM AL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **POWELL, LARRY E**
STREET ADDRESS **1900 FIFTH AVE NORTH**
CITY-STATE-ZIP **BIRMINGHAM, ALA 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **RUBRIGHT, JAMES A**
STREET ADDRESS **1900 5TH AVENUE NORTH**
CITY-STATE-ZIP **BIRMINGHAM AL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

R. David Hendrickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

205-325-7114
Daytime Phone #

CR2E034 (11/98)