

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 826780 (9)  
1. Corporation Name  
SOUTHERN ELECTRIC SUPPLY COMPANY, INC.



Principal Place of Business  
301 48TH COURT  
MERIDIAN MS 39301

Mailing Address  
C/O REXEL, INC.  
150 ALHAMBRA CIRCLE, STE 900  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/21/1971	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		64-0283323	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				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 or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'KEEFE, JEFFREY A. 500 BROWARD BLVD. SUITE 1000 FT. LAUDERDALE FL 33394				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	VIRY, ALAIN C	1.2 NAME	GUINCHARD, GILLES P.
STREET ADDRESS	150 ALHAMBRA CIRCLE, STE 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	HOGAN, TIMOTHY D.	2.2 NAME	
STREET ADDRESS	301 48TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN MS	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	ALTSHULER, JULES	3.2 NAME	
STREET ADDRESS	301 48TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN MS	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	AS
NAME	LEVEILLE, PAUL	4.2 NAME	TOMASSO, JOHN
STREET ADDRESS	301 48TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERIDIAN MS	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	MERSON, ROBERT M	5.2 NAME	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	FULLERTON, JON O	6.2 NAME	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 900	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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.

CR2E034 (10/97)