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Apr 29, 1999 8:00 am
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 # 853261

1. Corporation Name

SOUTHERN ENERGY RESOURCES, INC.

Principal Place of Business

**900 ASHWOOD PKWY STE 500
 ATLANTA GA 30338
 US**

Mailing Address

**%AUDRA L MCCLELLAN
 270 PEACHTREE STREET
 ATLANTA GA 30303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1982

4. FEI Number

58-1448180

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country 30

9. Name and Address of Current Registered Agent

**TATE, WARREN E.
 ONE ENERGY PLACE
 PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

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 607.0502 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.

(NOT E-Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAHLBERG, WILLIAM A.	
STREET ADDRESS	900 ASHWOOD PKWY STE 500	
CITY-STATE-ZIP	ATLANTA GA 30338	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BOREN, THOMAS G.	
STREET ADDRESS	900 ASHWOOD PKWY STE 500	
CITY-STATE-ZIP	ATLANTA GA 30338	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	HILL, RAYMOND D.	
STREET ADDRESS	900 ASHWOOD PKWY STE 500	
CITY-STATE-ZIP	ATLANTA GA 30338	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PERSHING, RICHARD J.	
STREET ADDRESS	900 ASHWOOD PKWY STE 500	
CITY-STATE-ZIP	ATLANTA GA 30338	
TITLE	ASTS	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, PATRICIA L.	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-STATE-ZIP	ATLANTA GA 30303	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OLSONI, KARL E	
STREET ADDRESS	900 ASHWOOD PKWY STE 500	
CITY-STATE-ZIP	ATLANTA GA 30338	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Executive Vice President & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Executive Vice President & Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Sam H. Dabbs, Jr.	
5.3 STREET ADDRESS	270 Peachtree Street	
5.4 CITY-STATE-ZIP	Atlanta, GA 30303	
6.1 TITLE	Vice President & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	J. William Holden, III	
6.3 STREET ADDRESS	900 Ashwood Parkway, Suite 500	
6.4 CITY-STATE-ZIP	Atlanta, GA 30338	

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:

Sam H. Dabbs, Jr.

4/20/99

404-506-0534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jaytime Phone #

CR2E034 (11/98)

0562842