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FILED
Apr 11 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 # F95000004756 (1)

1. Corporation Name
ITC TRANSMISSION SYSTEMS, INC.

Principal Place of Business
PO BOX 510
WEST POINT GA 31833

Mailing Address
PO BOX 510
WEST POINT GA 31833-0510



3. Date Incorporated or Qualified
09/29/1995
3a. Date of Last Report
03/19/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1970339		Applied For Not Applicable	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, ANDREW M			1.2 NAME			
STREET ADDRESS	208 W. 9TH ST.			1.3 STREET ADDRESS			
CITY - ST - ZIP	WEST POINT GA 31833			1.4 CITY - ST - ZIP			
TITLE	VC	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSES, STEVEN D			2.2 NAME			
STREET ADDRESS	208 W. 9TH ST.			2.3 STREET ADDRESS			
CITY - ST - ZIP	WEST POINT GA 31833			2.4 CITY - ST - ZIP			
TITLE	VCFO	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUMATE, DOUGLAS A			3.2 NAME			
STREET ADDRESS	208 W. 9TH ST.			3.3 STREET ADDRESS			
CITY - ST - ZIP	WEST POINT GA 31833			3.4 CITY - ST - ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, J D			4.2 NAME			
STREET ADDRESS	3006 WHITE OAK CT.			4.3 STREET ADDRESS			
CITY - ST - ZIP	LAGRANGE GA 30240			4.4 CITY - ST - ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANIER, CAMPBELL B III			5.2 NAME			
STREET ADDRESS	180 TANYARD RD.			5.3 STREET ADDRESS			
CITY - ST - ZIP	LANETT AL 36863			5.4 CITY - ST - ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCOTT, WILLIAM H III			6.2 NAME			
STREET ADDRESS	180 TANYARD RD.			6.3 STREET ADDRESS			
CITY - ST - ZIP	LANETT AL 36863			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____

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