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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 # F95000004759 (5)

1. Corporation Name  
ITC TRANSMISSION SYSTEMS II, INC.

Principal Place of Business  
PO DRAWER 510  
WEST POINT GA 31833

Mailing Address  
PO DRAWER 510  
WEST POINT GA 31833-0510



3. Date Incorporated or Qualified 09/29/1995	3a. Date of Last Report 03/19/1996
4. FEI Number 58-2145679	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 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	28 Zip
24 Country	29 Country
25	30

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
85 Zip Code	FL

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					
TITLE	P	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WALKER, ANDREW M		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	206 W. 9TH ST.		1.2 NAME		
CITY-STATE-ZIP	WEST POINT GA 31833		1.3 STREET ADDRESS		
TITLE	VCO	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP		
NAME	MOSES, STEVEN D		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	206 W. 9TH ST.		2.2 NAME		
CITY-STATE-ZIP	WEST POINT GA 31833		2.3 STREET ADDRESS		
TITLE	VCFO	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP		
NAME	SHUMATE, DOUGLAS A		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	206 W. 9TH ST.		3.2 NAME		
CITY-STATE-ZIP	WEST POINT GA 31833		3.3 STREET ADDRESS		
TITLE	VSTD	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP		
NAME	COX, J D		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3006 WHITE OAK CT.		4.2 NAME		
CITY-STATE-ZIP	LAGRANGE GA 30240		4.3 STREET ADDRESS		
TITLE	DC	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP		
NAME	LANIER, CAMPBELL B III		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	160 TANYARD RD.		5.2 NAME		
CITY-STATE-ZIP	LANETT AL 36863		5.3 STREET ADDRESS		
TITLE	DC	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP		
NAME	SCOTT, WILLIAM H III		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	160 TANYARD RD.		6.2 NAME		
CITY-STATE-ZIP	LANETT AL 36863		6.3 STREET ADDRESS		
			6.4 CITY-STATE-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 #

0013648

CR2E034 (9/96)