

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -4 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K10840** (2)
1. Corporation Name
PROGRESS ENERGY CORPORATION

Principal Place of Business Mailing Address
C/O PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042
ST. PETERSBURG FL 33701-4306

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/06/1988** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-2865986** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, 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
FRY, PAULINE M.
ONE PROGRESS PLAZA
SUITE 2600
ST. PETERSBURG FL 33701

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) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DC
NAME **KEESLER, ALLEN J JR**
STREET ADDRESS **3201 34TH ST. S.**
CITY ST ZIP **ST. PETERSBURG FL 33711**
TITLE D
NAME **HANCOCK, J. A.**
STREET ADDRESS **3201 34TH STREET SOUTH**
CITY ST ZIP **ST. PETERSBURG FL**
TITLE T
NAME **HEINICKA, JEFFREY R**
STREET ADDRESS **3201 34TH STREET SOUTH**
CITY ST ZIP **ST. PETERSBURG FL 33701**
TITLE D
NAME **PHILLIPS, MAURICE**
STREET ADDRESS **3201 34TH ST. S.**
CITY ST ZIP **ST. PETERSBURG FL 33711**
TITLE S
NAME **HALEY, KATHLEEN M.**
STREET ADDRESS **ONE PROGRESS PLAZA**
CITY ST ZIP **ST. PETERSBURG FL**
TITLE P
NAME **BONNER, ROLAND C**
STREET ADDRESS **3201 34TH ST. S.**
CITY ST ZIP **ST. PETERSBURG FL 33711**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **DELETE** Change Addition
1.2 NAME **DELETE**
1.3 STREET ADDRESS **DELETE**
1.4 CITY-ST-ZIP **DELETE**
2.1 TITLE **DELETE** Change Addition
2.2 NAME **DELETE** **700001448927**
2.3 STREET ADDRESS **DELETE** **-04/06/95--01025--022**
2.4 CITY-ST-ZIP **DELETE** ******200.00 ****200.00**
3.1 TITLE **D/V/T** Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE **DELETE** Change Addition
4.2 NAME **DELETE**
4.3 STREET ADDRESS **DELETE**
4.4 CITY-ST-ZIP **DELETE**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE **P/D** Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Kathleen M. Haley* **KATHLEEN M. HALEY,**
SECRETARY

(813) 824-6531