

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N26760** (1)
1. Corporation Name
FLORIDA MUNICIPAL ELECTRIC ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:20

Principal Place of Business: **417 EAST COLLEGE AVENUE TALLAHASSEE FL 32301**
Mailing Address: **417 EAST COLLEGE AVENUE TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/03/1988 | 3a. Date of Last Report 02/15/1994 |
| 4. FEI Number 59-1267173 | Applied For <input type="checkbox"/> 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent
**BRYANT, FREDERICK M.
306 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301**

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 |

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 reappointing) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE P | SCHINDEHETTE, HARRY 206 S SIXTH ST FT PIERCE FL |
| TITLE D | KURTZ, MICHAEL 301 SE 4TH AVE GAINESVILLE FL |
| TITLE TS | WAILES, KEVIN G CITY HALL TALLAHASSEE FL |
| TITLE V | RUANO, VICENTE R 219 N MARKET ST BUSHNELL FL |
| TITLE D | CATES, WILLIAM 1001 JAMES STREET KEY WEST FL |
| TITLE D | KNOWLES, C.J. 504 WEST ORANGE LEESBURG FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE V | James C. Welsh 1701 W. Carroll St. Kissimmee, FL 34742-3219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 119.07(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 duly authorized and empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin G. Wailes 1/24/95 904/891-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #