FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000069597 (1)

1. Corporation Name

ELECTRIC POWER OPERATIONS & DELIVERY, INC.

Principal Place of Business	Mailing Address
5112 ASHLEY LAKE DR STE 6-22 BOYNTON BCH FL 33437 US	5112 ASHLEY LAKE DR STE 6-22 BOYNTON BCH FL 33437 US

3. Date Incorporated or Qualified: 10/07/1993
3a. Date of Last Report: 03/02/1994
4. FEI Number: 65-0434477 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

TAYLOR, AMANDA E
5112 ASHLEY LAKE DR
STE 6-22
BOYNTON BCH FL 33437

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 ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	TAYLOR, RICHARD L	1.2 NAME	TAYLOR, RICHARD L
STREET ADDRESS	4719 S.W. 34TH TERRACE	1.3 STREET ADDRESS	~~P.O.~~ 5804 N. PARK RD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33312-5458	1.4 CITY-ST-ZIP	HIXSON, TN 37343
TITLE	V	2.1 TITLE	V, T ☒ Change ☐ Addition
NAME	TAYLOR, DIANNE E	2.2 NAME	TAYLOR, DIANNE E.
STREET ADDRESS	4719 S.W. 34TH TERRACE	2.3 STREET ADDRESS	5804 N. PARK RD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33312-5458	2.4 CITY-ST-ZIP	HIXSON, TN 37343
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, AMANDA E	3.2 NAME	
STREET ADDRESS	5112 ASHLEY LAKE DRIVE, APT. 622	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Amanda E. Taylor AMANDA E. TAYLOR, SECTY 12 MAR 95 (407) 735-9505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0264676 CP