

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000105681 (5)

1. Corporation Name
NRG SUPPLY COMPANY

Principal Place of Business
7800 BELFORT PARKWAY
JACKSONVILLE FL 32256

Mailing Address
7800 BELFORT PARKWAY
JACKSONVILLE FL 32256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1997	
21	Suite, Apt. #, etc. SUITE 100	26	Suite, Apt. #, etc. SUITE 100	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KIRSCHNER MAIN GRAHAM TANNER & DEMONT PA T. MALCOLM GRAHAM ONE INDEPENDENT DRIVE SUITE 2000 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				81	Name Holland & Knight
				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 *J. Malcolm Graham* *T. Malcolm Graham* *6/6/98*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/C J. STEVEN WILSON
STREET ADDRESS		1.3 STREET ADDRESS	7800 BELFORT PKWY. STE 100
CITY-ST-ZIP		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V/S/T CATHERINE J. GRAY
STREET ADDRESS		2.3 STREET ADDRESS	7800 BELFORT PKWY. STE 100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V Ed C. CAREY JR.
STREET ADDRESS		3.3 STREET ADDRESS	7800 BELFORT PKWY. STE 100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800002576918
STREET ADDRESS		6.3 STREET ADDRESS	-07/01/98--01011--037
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. I 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 its 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 *J. Malcolm Graham* *4/30/98* *904.281.2200*

CR2E034 (10/97)