

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

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
95 MAR 31 PM 3:37

DOCUMENT # 287501 (1)

1. Corporation Name
T S E INDUSTRIES INC.

| | |
|---|---|
| Principal Place of Business 5260 113TH AVE N PO BOX 17225 CLEARWATER FL 34622 | Mailing Address 5260 113TH AVE N PO BOX 17225 CLEARWATER FL 34622 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|------------|------------------------|------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/03/1964 | 3a. Date of Last Report 04/27/1994 |
| 21 | | 26 | | 4. FEI Number 59-1089552 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| KLINGEL, ROBERT R. 5260 113TH AVE N CLEARWATER FL 34620 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | 85 | FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title of agent (607) NOTE: Registered Agent signature required when re-registering

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | PD | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGEL, ROBERT R. | 12 NAME | |
| STREET ADDRESS | 2997 60TH AVE S. | 13 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL | 14 CITY - ST - ZIP | |
| TITLE | SD | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGEL, HELEN A. | 22 NAME | |
| STREET ADDRESS | NW CORNER HWY 41 & 326 | 23 STREET ADDRESS | |
| CITY - ST - ZIP | MORRISTON FL | 24 CITY - ST - ZIP | |
| TITLE | PD | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGEL, SR., WALTER C | 32 NAME | |
| STREET ADDRESS | NW CORNER HWY 41 & 326 | 33 STREET ADDRESS | |
| CITY - ST - ZIP | MORRISTON FL | 34 CITY - ST - ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 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)(b), 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:  DATE: **3/22/95** **813 573-7676**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone Number