

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

FILED
Jun 04 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 287501 (1)
 1. Corporation Name
T S E INDUSTRIES INC.



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| 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 34622-0225 |
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|--------------------------------|-------------|-------------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/03/1964 | 3a. Date of Last Report 03/27/1996 |
| 21 | | 26 | | 4. FEI Number 59-1089552 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent KLINGEL, ROBERT R. 5260 113TH AVE N CLEARWATER FL 34620 | | | | 10. Name and Address of New Registered Agent | |
| 81. Name | | | | 85. Zip Code | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | | | | FL | |
| 83. | | | | | |
| 84. City | | | | | |

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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|------------------------|---------------------------------|---|---------------------------|---|
| TITLE | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGEL, ROBERT R. | | 1.2 NAME | KLINGEL, ROBERT R. | |
| STREET ADDRESS | 2997 60TH AVE S. | | 1.3 STREET ADDRESS | 15530 GULF BLVD | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 1.4 CITY-ST-ZIP | REDINGTON BEACH, FL 33708 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SD | <input type="checkbox"/> DELETE | 2.1 TITLE | VP D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGEL, HELEN A. | | 2.2 NAME | KLINGEL, HELEN A. | |
| STREET ADDRESS | NW CORNER HWY 41 & 326 | | 2.3 STREET ADDRESS | PO BOX 130 NA | |
| CITY-ST-ZIP | MORRISTON FL | | 2.4 CITY-ST-ZIP | MORRISTON, FL 32688 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | PD | <input type="checkbox"/> DELETE | 3.1 TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KLINGEL, SR., WALTER C | | 3.2 NAME | KLINGEL, SR., WALTER C. | |
| STREET ADDRESS | NW CORNER HWY 41 & 326 | | 3.3 STREET ADDRESS | PO BOX 130 NA | |
| CITY-ST-ZIP | MORRISTON FL | | 3.4 CITY-ST-ZIP | MORRISTON, FL 32688 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | KLINGEL, DIANE M. | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 15530 GULF BLVD. | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | REDINGTON BEACH, FL 33708 | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | FD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | TOTTLE, DAVID J. | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 5044 KILKENNEY COURT | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | OLDSMAR, FL 34677 | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Robert R. Klingel* ROBERT R. KLINGEL, PRESIDENT

CR2E034 (9/96)