

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

90 JUN -3 PM 12:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 287501

1. Corporation Name
T S E INDUSTRIES INC.



Principal Place of Business
 5260 113TH AVE N
 PO BOX 17225
 CLEARWATER FL 33760
 US

Mailing Address
 4370 112th Terrace N.
 CLEARWATER FL 33760
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/03/1964	59-1089552	Not Applicable
Suits, Apt. #, etc.	Suits, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	29	30	8. This corporation owes the current year Intangible Personal Property Tax
24	25	33762	US	<input checked="" type="checkbox"/> Paid <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLINGEL, ROBERT R. 5260 113TH AVE N CLEARWATER FL 33760	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State
	488882902844 -06/11/99--01105--024 ***158 795 44066058.

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	11 TITLE	
NAME	KLINGEL, ROBERT R	12 NAME	
STREET ADDRESS	15530 GULF BLVD	13 STREET ADDRESS	33708
CITY-ST-ZIP	REDINGTON BEACH FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	
NAME	KLINGEL, HELEN A	22 NAME	
STREET ADDRESS	P.O. BOX 130/A	23 STREET ADDRESS	32668
CITY-ST-ZIP	MORRISTON FL	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	
NAME	KLINGEL, SR. WALTER C	32 NAME	
STREET ADDRESS	P.O. BOX 130 N/A	33 STREET ADDRESS	32668
CITY-ST-ZIP	MORRISTON FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	
NAME	KLINGEL, DIANE M	42 NAME	
STREET ADDRESS	15530 GULF BLVD.	43 STREET ADDRESS	33708
CITY-ST-ZIP	REDINGTON BEACH FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	
NAME	TOTTLE, DAVID J	52 NAME	
STREET ADDRESS	5044 KILKENNEY COURT	53 STREET ADDRESS	5044 Kilkenney Court
CITY-ST-ZIP	OLDSMAR FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	(3)
STREET ADDRESS		63 STREET ADDRESS	See Additions attached
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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, with another like empowered.

SIGNATURE: _____ / Robert K. Klingel 727-573-7676
 _____ DAVID J. Tottle CFO

CR2E034 (1/98)

6/19/99