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02/21/2006 11:14 TIECO PENSACOLA → 12053804360
02/21/2006 10:11 ATOC-MGT. ACCTS PAYABLE → 18504342786

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90374 004 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 341933

1. Entity Name
TIECO GULF COAST, INC.

40061073

Principal Place of Business	Mailing Address
540 MICHIGAN AVE PENSACOLA, FL 32505	144 INDUSTRIAL DR. BIRMINGHAM, AL 35217

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

02212006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1233594 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARD, RICHARD 540 MICHIGAN AVE PENSACOLA, FL 32505	Name ~~Scott Koblas~~ Scott KOBLAS Street Address (P.O. Box Number is Not Acceptable) 540 Michigan Avenue City Pensacola FL Zip Code 32505

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Scott Koblas 2/21/06
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME YEILDING,FLETCHER STREET ADDRESS 144 INDUSTRIAL DR. CITY-ST-ZIP BIRMINGHAM, AL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME WALTON, J.M. STREET ADDRESS 144 INDUSTRIAL DR CITY-ST-ZIP BIRMINGHAM, AL	☒ Delete	TITLE Secretary NAME Foster Yeilding STREET ADDRESS 144 Industrial Drive CITY-ST-ZIP Birmingham, AL 35211	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] (205) 949-4105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #