

02/21/2006 11:14 8504342786
03/21/2006 10:11 TIECO PENSACOLA → 12053804360
ATOC-MGT. ADSTS PAYABLE → 18504342786

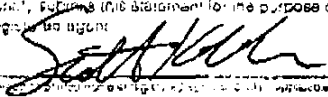
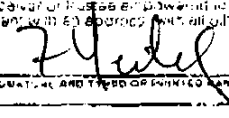
FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90374 004 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

40061073



DOCUMENT # 341933			
1. Entity Name TIECO GULF COAST, INC.			
Principal Place of Business 540 MICHIGAN AVE PENSACOLA, FL 32505		Mailing Address 144 INDUSTRIAL DR. BIRMINGHAM, AL 35217	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
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 WARD, RICHARD 540 MICHIGAN AVE PENSACOLA, FL 32505		7. Name and Address of New Registered Agent Name Scott Koblas Street Address (P.O. Box Number is Not Acceptable) 540 Michigan Avenue City Birmingham FL Zip Code 35205	
8. The above named entity, by signing 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 obligation of registration agent.			
SIGNATURE 		SIGNATURE Scott Koblas 2/21/06	
FILE NOW!!! FEB 18 \$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	
NAME STREET ADDRESS CITY-STATE-ZIP	DR. ☐ Officer ☐ Director YIELDING, FLETCHER 144 INDUSTRIAL DR. BIRMINGHAM, AL	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	S. ☒ Officer ☐ Director WALTON, J.M. 144 INDUSTRIAL DR. BIRMINGHAM, AL	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☒ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Officer ☐ Director	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Officer ☐ Director	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Officer ☐ Director	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Officer ☐ Director	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied was true, being does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as made under oath. I am an officer or director of the corporation, or the owner or holder of a power of attorney to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11. I changed or changed attachment with 60 approved with all other like empowered.			
SIGNATURE: 		(205) 949-4105	