

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

001174

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90113 044 \*\*\*150.00

DOCUMENT # 855489

1. Corporation Name

~~TRANSAMERICA ENERGY ASSOCIATES, INC.~~  
*TEA Group Incorporated*

Principal Place of Business  
4010 MCGINNIS FERRY ROAD  
ALPHARETTA GA 30005  
US

Mailing Address  
4010 MCGINNIS FERRY ROAD  
ALPHARETTA GA 30005  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1983

4. FEI Number

58-1467251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NEUROHR, BRUCE W.	
STREET ADDRESS	10720 STROUP ROAD	
CITY-ST-ZIP	ROSWELL GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, CHARLES H	
STREET ADDRESS	10750 STROUP ROAD	
CITY-ST-ZIP	ROSWELL GA 30075	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, TED	
STREET ADDRESS	510 BERING DRIVE, STE 500	
CITY-ST-ZIP	HOUSTON TX 77057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John P. Kelly	
1.3 STREET ADDRESS	375 Southpointe Blvd	
1.4 CITY-ST-ZIP	Canonsburg, PA 15317	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kathy Broussard	
2.3 STREET ADDRESS	510 Bering, Suite 500	
2.4 CITY-ST-ZIP	Houston TX 77057	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel Rainey	
3.3 STREET ADDRESS	4010 McGinnis Ferry Road	
3.4 CITY-ST-ZIP	Alpharetta GA 30005	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(f), 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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathy Broussard*

Date

Daytime Phone #

4/22/99

713 570 3070

CR2E034 (11/98)