

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # F15141 (7)

1. Corporation Name  
**TECO ENERGY, INC.**



Principal Place of Business Mailing Address  
**%R.H. KESSEL  
702 N. FRANKLIN ST.  
TAMPA FL 33602-4418  
US**

3. Date Incorporated or Qualified <b>01/15/1981</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2052286</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCDEVITT, S.M.  
702 NORTH FRANKLIN STREET  
TAMPA 33602**

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
B3	
B4 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CULBREATH, H.L.</b>
STREET ADDRESS	<b>702 N. FRANKLIN ST.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>KESSEL, R.H.</b>
STREET ADDRESS	<b>702 N FRANKLIN ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>OAK, A.D.</b>
STREET ADDRESS	<b>702 N FRANKLIN ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>GUZZLE, T.L.</b>
STREET ADDRESS	<b>702 N FRANKLIN ST</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ANDERSON, G. F.</b>
STREET ADDRESS	<b>702 N. FRANKLIN STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>CALLAHAN, S.W.</b>
STREET ADDRESS	<b>702 N. FRANKLIN STREET</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

**100001803771  
-05/01/96--01102--037  
\*\*\*200.00**

**ACB  
5-1-96**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \_\_\_\_\_ DATE: **3/8/96** DAYTIME PHONE #: **(813)228-4218**

CR2E034 (12/95)