

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90148 019 \*\*\*150.00

DOCUMENT # F52153

1. Corporation Name  
TECO TRANSPORT CORPORATION

Principal Place of Business

702 N FRANKLIN ST  
SUITE 900  
TAMPA FL 33602  
US

Mailing Address

702 N FRANKLIN ST  
SUITE 900  
TAMPA FL 33602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1981

4. FEI Number

59-2147756

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

BRESNAHAN, T. M.  
702 N FRANKLIN ST  
SUITE 900  
TAMPA FL 33602

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 V ☐ DELETE

NAME CRANE, J.C.  
STREET ADDRESS 702 N FRANKLIN ST #900  
CITY-ST-ZIP TAMPA, FL 00000

TITLE AVPD ☐ DELETE

NAME BRESNAHAN, T.M.  
STREET ADDRESS 702 N FRANKLIN ST #900  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☒ DELETE

NAME LATRICO, S  
STREET ADDRESS 702 N FRANKLIN ST #900  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☒ DELETE

NAME ~~OAK, A.D.~~  
STREET ADDRESS ~~702 N FRANKLIN ST~~  
CITY-ST-ZIP ~~TAMPA FL~~

TITLE PD ☐ DELETE

NAME RANKIN, D.J.  
STREET ADDRESS 702 N FRANKLIN ST #900  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME KESSEL, R.H.  
STREET ADDRESS 702 N FRANKLIN ST  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ 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)(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 all other like empowered.

SIGNATURE: *J.M. Resonantia* RT, J.M. BRESNAHAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-99 813-209-4229

CR2E034 (11/98)