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AND
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95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **F76519** (0)
1. Corporation Name
TECO COAL CORPORATION

Principal Place of Business Mailing Address
MR. H. KESSEL **MR. H. KESSEL**
702 N. FRANKLIN ST. **PO BOX 111**
TAMPA FL 33602-0110 **TAMPA FL 33601-0111**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 **33602-4418** 25 29 30

3. Date Incorporated or Qualified **04/15/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2427427** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MCDEVITT, S.M.
702 NORTH FRANKLIN STREET
TAMPA FL 33802

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 agent 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	CORNWELL, R. D.
STREET ADDRESS	702 N FRANKLIN ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	V
NAME	MAGGARD, F. W.
STREET ADDRESS	702 N FRANKLIN ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	PD
NAME	SHACKLEFORD, J. J.
STREET ADDRESS	702 N FRANKLIN ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	S
NAME	KESSEL, R. H.
STREET ADDRESS	702 N FRANKLIN ST
CITY ST ZIP	TAMPA, FL 00000
TITLE	V
NAME	TAYLOR, C.
STREET ADDRESS	702 N. FRANKLIN ST.
CITY ST ZIP	TAMPA FL
TITLE	TD
NAME	OAK, A.D.
STREET ADDRESS	702 N. FRANKLIN ST
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	33602
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete
23 STREET ADDRESS	Delete
24 CITY ST ZIP	Delete
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	33602
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	33602
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	33602
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	33602

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 110.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report or 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, or a registered agent, or the receiver or trustee empowered to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in the attachment with an address.

SIGNATURE: R. H. Kessel 04/27/95 (813) 228-4218
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number