

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:05

DOCUMENT # **J74330** (8)

1. Corporation Name

TECO POWER SERVICES CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O R.H. KESSEL
702 N. FRANKLIN ST.
TAMPA FL 33602-0110
US

C/O R.H. KESSEL
P. O. BOX 111
TAMPA FL 33601-0111
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2816817

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33602-4418

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDEVITT, S M
702 N FRANKLIN ST
TAMPA FL 33602

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 of person or persons authorized to register agent and then sign as agent)

(Signature of person or persons authorized to register agent and then sign as agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DT
2. NAME	OAK, A.D.
3. STREET ADDRESS	702 N. FRANKLIN STREET
4. CITY, ST, ZIP	TAMPA FL
5. TITLE	S
6. NAME	KESSEL, R H
7. STREET ADDRESS	702 N. FRANKLIN STREET
8. CITY, ST, ZIP	TAMPA FL
9. TITLE	PD
10. NAME	LUDWIG, R.E.
11. STREET ADDRESS	702 N. FRANKLIN STREET
12. CITY, ST, ZIP	TAMPA FL
13. TITLE	V
14. NAME	JENNINGS, G. D (JR)
15. STREET ADDRESS	702 N FRANKLIN ST
16. CITY, ST, ZIP	TAMPA FL
17. TITLE	D
18. NAME	GUZZLE, T.L.
19. STREET ADDRESS	702 N. FRANKLIN ST.
20. CITY, ST, ZIP	TAMPA FL
21. TITLE	V
22. NAME	MILLER, L A
23. STREET ADDRESS	702 N FRANKLIN ST
24. CITY, ST, ZIP	TAMPA FL

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. Kessel

04/27/95

(813) 228-4218

(Date)

(Signature Printed Name)