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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # J74330 (8)

TECO POWER SERVICES CORPORATION

FILED Apr 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
C/O R.H. KESSEL C/O R.H. KESSEL 702 N. FRANKLIN ST. P. O. BOX 111						
TAMPA FL 33602-4418		TAMPA FL 33601-0111			DO NOT WRITE IN THIS SPACE	
US		US			Date Incorporated or Qualified	
		7			05/26/1987	
<u> </u>	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 Suite, Apt. #, etc.		Suite, Apt #, etc.		59-2816817	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		C Floring Committee Financian		
23	28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip			8. This corporation owes or has p	· · · · · · · · · · · · · · · · · · ·
24	25	29	30		Personal Property Tax due June 30. 🙀 Yes 🔲 No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
	DEVITT, S M		8	Name		
702 N FRANKLIN ST Tampa FL 33802			8:	82 Street Address (P.O. Box Number is Not Acceptable) 83		
			<u> </u>			
			8	1		
			8	City		B5 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	as the above	/e-named	A cornoration submits this statement for the	purpose of changing its registered
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, spiecd or printed home of registered agreat and script applicable (NOTE Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.	year signature	ADDITIONS/CHANGES TO OFFI	
TITLE	DT	DELETE	1.1 Title		D	Change X Addition
NAME	OAK, A.D.		1.2 NAME			
STREET ADDRESS	TAR II PRILIUM IN CORPER		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 1.4 CI		1.4 CITY-	ST - ZIP	33602	Įš.
TITLE	S	DELETE	2.1 DITLE			☐ Change 🔀 Addition
NAME	.,		2.2 NAME			
STREET ADDRESS			2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	TAMPA FL			ST-ZIP	33602	
TITLE			3 1 TITLE			Change X Addition
NAME OTOGET ADDOGGO	LUDWIG, R.E.		3.2 NAME			
STREET ADDRESS	702 N. FRANKLIN STREET			T ADDRESS	22602	Į.
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	3.4. CITY-	ST - ZiP	33602	Change 👽 Addition
NAME	JENNINGS, G. D (JR)	L-J Dette (\$	4 / IIILF			Change 🙀 Addition
STREET ADDRESS	702 N FRANKLIN ST					
CITY-ST-ZIP	TAMPA FL		4 4 City-	I ADDRESS	33602	ļ
TITLE	D	DELETE	51 TILLE	31 · 11F	T/D	Change X Addition
NAME	GUZZLE, T.L.		5.2 NAME		G. L. Gillette	
STREET ADDRESS	702 N. FRANKLIN ST.			T ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY -		33602	4.20
TITLE	V	DELETE	6.1 TITLE	-		Change X Addition
NAME	MILLER, L A		6 2 NAME	•	5000025 0 -04/30/98010	
STREET ADDRESS	702 N FRANKLIN ST		63 STREE	ADDRESS	***1350.00	30003
CITY-ST-ZIP	TAMPA FL		6.4 CHY-	ST - ZIP	33602	

14. Thereby certify that the information supplied with this fling cloes 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 logal effect as if made under early; that I am an officer or director of the corpus at only if the receiper of trust, a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed order an attachment with an address.