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**FILED**  
**Jun 02, 1999 8:00 am**  
**Secretary of State**

06-02-1999 90008 001 \*1,500.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000032510**

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



Principal Place of Business  
 C/O R.H. KESSEL  
 702 NORTH FRANKLIN STREET  
 TAMPA FL 33602-4418  
 US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 C/O D. E. Schwartz  
 Suite, Apt. #, etc.  
 22 702 N. Franklin St.  
 City & State  
 23 Tampa, FL  
 Zip Country  
 24 33602-4418 25 U.S.

2a. Mailing Address  
 26 C/O D. E. Schwartz  
 Suite, Apt. #, etc.  
 27 P.O. Box 111  
 City & State  
 28 Tampa, FL  
 Zip Country  
 29 33601-0111 30 U.S.

3. Date Incorporated or Qualified  
**04/15/1996**

4. FEI Number  
**59-3409765** 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

9. Name and Address of Current Registered Agent  
**MCDEVITT, S M**  
**702 NORTH FRANKLIN STREET**  
**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  DELETE  
 NAME PD  
 STREET ADDRESS LUDWIG, R E  
 CITY-ST-ZIP 702 N. FRANKLIN STREET  
 TAMPA FL 33602

TITLE  DELETE  
 NAME TD  
 STREET ADDRESS GILLETTE, G. L.  
 CITY-ST-ZIP 702 N. FRANKLIN STREET  
 TAMPA FL 33602

TITLE  DELETE  
 NAME D  
 STREET ADDRESS EUSTACE, R K  
 CITY-ST-ZIP 702 N. FRANKLIN STREET  
 TAMPA FL 33602

TITLE  DELETE  
 NAME V  
 STREET ADDRESS JENNINGS, G. D.  
 CITY-ST-ZIP 702 N. FRANKLIN STREET  
 TAMPA FL 33602

TITLE  DELETE  
 NAME S  
 STREET ADDRESS KESSEL, R. H.  
 CITY-ST-ZIP 702 N. FRANKLIN STREET  
 TAMPA FL 33602

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 V  
 4.3 STREET ADDRESS JENNINGS, G. D. (JR)  
 4.4 CITY-ST-ZIP 702 N. FRANKLIN STREET  
 TAMPA FL 33602

5.1 TITLE  Change  Addition  
 5.2 NAME S  
 5.3 STREET ADDRESS Schwartz, D. E.  
 5.4 CITY-ST-ZIP 702 N. Franklin St.  
 Tampa, FL 33602

6.1 TITLE  Change  Addition  
 6.2 NAME V  
 6.3 STREET ADDRESS Ross, S. M.  
 6.4 CITY-ST-ZIP 702 N. Franklin St.  
 Tampa, FL 33602

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. E. Schwartz, Secretary

Date

(813) 228-1808

Daytime Phone #

CR2E034 (11/98)