

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000032710 (0)**  
 1. Corporation Name  
**TECO/BGA, INC.**



Principal Place of Business <b>702 NORTH FRANKLIN STREET TAMPA FL 33602</b>	Mailing Address <b>702 NORTH FRANKLIN STREET TAMPA FL 33602</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>c/o R. H. Kessel</b> Suite, Apt. #, etc		2a. Mailing Address 26 <b>c/o R. H. Kessel</b> Suite, Apt. #, etc		3. Date Incorporated or Qualified <b>04/10/1997</b>	
22 City & State		27 <b>P.O. Box 111</b> City & State		4. FEI Number <b>59-3442612</b> Applied For Not Applicable	
23 Zip <b>33602-4418</b>		28 Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33602-4418</b>		25 <b>U.S.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 <b>33601-0111</b>		30 <b>U.S.</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCDEVITT, S.M. 702 NORTH FRANKLIN STREET TAMPA FL 33602</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 (NCL Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLISON, J.</b>		1.2 NAME		
STREET ADDRESS	<b>702 NORTH FRANKLIN STREET</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		1.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIL, J.B.</b>		2.2 NAME	<b>G. L. Gillette</b>	
STREET ADDRESS	<b>702 NORTH FRANKLIN STREET</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOSEK, R.S.</b>		3.2 NAME		
STREET ADDRESS	<b>702 NORTH FRANKLIN STREET</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>W. N. Cantrell</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>702 N. Franklin Street</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>Tampa, FL 33602-4418</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	<b>R. H. Kessel</b>	
STREET ADDRESS			5.3 STREET ADDRESS	<b>702 N. Franklin Street</b>	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<b>Tampa, FL 33602-4418</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<b>000002506730</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	<b>-04/30/98--01036--011</b>	
STREET ADDRESS			6.3 STREET ADDRESS	<b>***450.00</b>	
CITY-ST-ZIP			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 in any attachment with an address.

SIGNATURE *R. H. Kessel* **R. H. Kessel** Secretary **4/28/98** (813) 228-4218

CR2E034 (10/97)