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May 19, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000032710

1. Corporation Name
TECO/BGA, INC.

Principal Place of Business C/O R. H. KESSEL 702 N. FRANKLIN STREET TAMPA FL 33602-4418 US	Mailing Address C/O R. H. KESSEL P.O. BOX 111 TAMPA FL 33602-0111 US
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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 24 33602-4418 Country 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 29 33601-0111 Country 30 U.S.
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3. Date Incorporated or Qualified 04/10/1997	4. FEI Number 59-3442612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLISON, J.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GILLETTE, G. L.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOSEK, R.S.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANTELL, W. N.	
STREET ADDRESS	702 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KESSEL, R. H.	
STREET ADDRESS	702 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cantrell, W. N.	
4.3 STREET ADDRESS	702 N. Franklin St.	
4.4 CITY-ST-ZIP	Tampa, FL 33602	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schwartz, D. E.	
5.3 STREET ADDRESS	702 N. Franklin St.	
5.4 CITY-ST-ZIP	Tampa, FL 33602	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Garcia, R. P.	
6.3 STREET ADDRESS	702 N. Franklin St.	
6.4 CITY-ST-ZIP	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]* **Schwartz, Secretary** (813) 228-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CRZE034 (11/98)