

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra O. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **V57981 (5)**
1. Corporation Name
TECO WEST INC.

Principal Place of Business Mailing Address
14290 WALSINGHAM ROAD SUITE B LARGO FL 34644

3. Date Incorporated or Qualified **08/12/1992** 3a. Date of Last Report **04/26/1994**

2. Principal Place of Business 2a. Mailing Address
21. **19535 GULF BLVD** 26. **19535 GULF BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22. **SUITE B** 27. **SUITE B**
City & State City & State
23. **INDIAN SHORES FL** 28. **INDIAN SHORES FL**
Zip Country Zip Country
24. **34635** 25. **PINELLAS** 29. **34635** 30. **PINELLAS**

4. FEI Number **59-3141390** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Req. 'red
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

9. Name and Address of Current Registered Agent
PAGE, STEVE
14290 WALSINGHAM ROAD
SUITE B
LARGO FL 34644

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
19535 GULF BLVD
83. **SUITE B**
84. City **INDIAN SHORES** FL 85. Zip Code **34635**

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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE **4-20-95**
Signature, typed or printed name of registered agent (and title if applicable) NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D, P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, STEVE	1.2 NAME	
STREET ADDRESS	14290 WALSINGHAM ROAD	1.3 STREET ADDRESS	19535 GULF BLVD STE B
CITY - ST - ZIP	LARGO FL	1.4 CITY - ST - ZIP	INDIAN SHORES FL 34635
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREYER, DIETER H.	2.2 NAME	
STREET ADDRESS	14290 WALSINGHAM RD, STE B	2.3 STREET ADDRESS	19535 GULF BLVD STE B
CITY - ST - ZIP	LARGO FL	2.4 CITY - ST - ZIP	INDIAN SHORES FL 34635
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: Steve Page DATE: **4-20-95 (813) 593-9998**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)