

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J97368

**Entity Name:** TECO DIVERSIFIED, INC.

**Current Principal Place of Business:**

702 N FRANKLIN ST.  
TAMPA, FL 33602-0110

**Current Mailing Address:**

P.O. BOX 111  
TAMPA, FL 33601 US

**FEI Number:** 59-2866560

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NICHOLSON, DAVID M  
702 N FRANKLIN ST  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name HUSKILSON, C.G.  
Address 702 N FRANKLIN ST.  
City-State-Zip: TAMPA FL 33602-0110

Title DP  
Name BENNETT, R.R.  
Address 702 N FRANKLIN ST.  
City-State-Zip: TAMPA FL 33602-0110

Title S  
Name SCHWARTZ, D E  
Address 702 N. FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title D  
Name MACDONALD, S.R.  
Address 702 N FRANKLIN ST.  
City-State-Zip: TAMPA FL 33602-0110

Title T  
Name CARUSO, K. M.  
Address 702 N. FRANKLIN ST.  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** D.E. SCHWARTZ

**SECRETARY**

**02/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date