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**APPROVED  
AND  
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95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 161752 (1)**

1. Corporation Name  
**PEOPLES GAS COMPANY**

Principal Place of Business      Mailing Address

P. O. BOX 2562      P. O. BOX 2562  
TAMPA FL 33601      TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date incorporated or Qualified      3a. Date of Last Report

**05/31/1950**      **04/11/1994**

4. FEI Number      Applied For

**59-0967303**      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 has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**SIMPSON, NATHAN B  
111 E. MADISON ST.  
23RD FLOOR  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	WHITE, E. ELIJOTT
STREET ADDRESS	111 E MADISON STREET
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	PD
NAME	BRABSON, JOHN A JR
STREET ADDRESS	111 E MADISON STREET
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	V
NAME	SIVARD, FRANCIS J
STREET ADDRESS	111 E MADISON ST.
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	EV
NAME	UHL, JACK E
STREET ADDRESS	111 E. MADISON ST.
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	ATAS
NAME	SIMPSON, NATHAN B
STREET ADDRESS	111 E. MADISON ST.
CITY - ST - ZIP	TAMPA, FL 00000
TITLE	CD
NAME	RANKIN, TOM L
STREET ADDRESS	111 E MADISON ST
CITY - ST - ZIP	TAMPA FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(b), 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 (change box) or on an attachment with an address.

SIGNATURE:  **John A. Brabson, Jr.**      4/3/95      (813) 273-0074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone/Fax #