

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 161752 (1)

1. Corporation Name  
**PEOPLES GAS COMPANY**



Principal Place of Business: P. O. BOX 2562 TAMPA FL 33601  
Mailing Address: P. O. BOX 2562 TAMPA FL 33601

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 05/31/1950  
3a. Date of Last Report: 05/01/1995  
4. FCI Number: 59-0967303 Applied For 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 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, E. ELLIOTT	
STREET ADDRESS	111 E MADISON STREET	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRABSON, JOHN A JR	
STREET ADDRESS	111 E MADISON STREET	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIVARD, FRANCIS J	
STREET ADDRESS	111 E MADISON ST.	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	UHL, JACK E	
STREET ADDRESS	111 E. MADISON ST.	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	ATAS	<input type="checkbox"/> DELETE
NAME	SIMPSON, NATHAN B	
STREET ADDRESS	111 E. MADISON ST.	
CITY-STATE-ZIP	TAMPA, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RANKIN, TOM L	
STREET ADDRESS	111 E MADISON ST	
CITY-STATE-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	M. LEE YUONG	
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 supplementary 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 member 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 and when an appointment is made.

SIGNATURE: *John A. Brabson, Jr.* John A. Brabson, Jr. 4/1/96 (813) 273-0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)