

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 161752 (1)

1. Corporation Name
PEOPLES GAS COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business P. O. BOX 2562 TAMPA FL 33601	Mailing Address P. O. BOX 2562 TAMPA FL 33601
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3. Date Incorporated or Qualified 05/31/1950	
4. FEI Number 59-0967303	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 or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 c/o R. H. Kessel Suite, Apt. #, etc. 22 702 N. Franklin Street City & State 23 Zip 24 33602-4418 25 U.S.	2a. Mailing Address 26 c/o R. H. Kessel Suite, Apt. #, etc. 27 P.O. Box 111 City & State 28 Zip 29 33601-0111 30 U.S.
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g. 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) 600002506746 83 -04/30/98--01036--013 84 City ***1500.00 85 Zip Code FL
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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 _____ (Name of registered agent and title if applicable) (SOLE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	11 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME M. LEE YOUNG		12 NAME J. M. Householder	
STREET ADDRESS 111 E MADISON STREET		13 STREET ADDRESS 702 N. Franklin Street	
CITY-ST-ZIP TAMPA, FL 00000		14 CITY-ST-ZIP Tampa, FL 33602-4418	
TITLE PD	<input type="checkbox"/> DELETE	21 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRABSON, JOHN A JR		22 NAME W. N. Cantrell	
STREET ADDRESS 111 E MADISON STREET		23 STREET ADDRESS 702 N. Franklin Street	
CITY-ST-ZIP TAMPA, FL 00000		24 CITY-ST-ZIP Tampa, FL 33602-4418	
TITLE V	<input type="checkbox"/> DELETE	31 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIVARD, FRANCIS J		32 NAME F. J. Sivard	
STREET ADDRESS 111 E MADISON ST.		33 STREET ADDRESS 702 N. Franklin Street	
CITY-ST-ZIP TAMPA, FL 00000		34 CITY-ST-ZIP Tampa, FL 33602-4418	
TITLE EV	<input type="checkbox"/> DELETE	41 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UHL, JACK E		42 NAME R. K. Eustace	
STREET ADDRESS 111 E. MADISON ST.		43 STREET ADDRESS 702 N. Franklin Street	
CITY-ST-ZIP TAMPA, FL 00000		44 CITY-ST-ZIP Tampa, FL 33602-4418	
TITLE ATAS	<input type="checkbox"/> DELETE	51 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMPSON, NATHAN B		52 NAME R. H. Kessel	
STREET ADDRESS 111 E. MADISON ST.		53 STREET ADDRESS 702 N. Franklin Street	
CITY-ST-ZIP TAMPA, FL 00000		54 CITY-ST-ZIP Tampa, FL 33602-4418	
TITLE CD	<input type="checkbox"/> DELETE	61 TITLE V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RANKIN, TOM L		62 NAME G. L. Gillette	
STREET ADDRESS 111 E MADISON ST		63 STREET ADDRESS 702 N. Franklin Street	
CITY-ST-ZIP TAMPA FL		64 CITY-ST-ZIP Tampa, FL 33602-4418	

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 supplement to 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 trustee or partner, 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.

CR2E034 (10/97)

Handwritten: 25
4.30