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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 161752

PEOPLES GAS COMPANY						A CREAT HAIR AND HIGH INDE			
Principal Place	of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ileli eleli dibit d	
C/O R. H. KESSEL C/O R. H. KESSEL									
702 N. FRANKLIN STREET P.O. BOX 111									
TAMPA FL 33602-4418 TAMPA FL 33601-0111 US US					-	DO NOT WRITE IN THIS SPACE			
03		03				 Date Incorporated or Qualifed 05/31/1950 			
	lace of Business	2a. Mailing Address		***		4. FEI Number	_	Ap	plied For
21 C/U D.	E. Schwartz	26 C/O D. E. Sch	wartz			<u>59-09673</u> 03			t Applicable
Suite, Apt. 22 702 N	#.etc. Franklin St.	Suite, Apt. #, etc. 27 P.O. Box 111				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State Tampa, FL City & State Tampa, FL						Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Country	1		g. This corporation owes the curr	rent vear Int		
Zip Country Zip Country 33602-4418 25 U.S. 29 33601-0111 30 U			U.S	•		Personal Property Tax.	•		□No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New	Registered	Agent	
MOD	EMIT CM		81	Name					
MCDEVITT, S.M.			82	Street	Address	s (P.O. Box Number is Not Accept	able)		
702 NORTH FRANKLIN STREET TAMPA-FL 33602									
1 (7/1/1)	, ATE 00002		83	\ 					
			84	City			FL	85 Zip C	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	norized by	the corp	corpora oration's	ition submits this statement for the board of directors. I hereby acce	purpose of pt the appoi	changing its	registered gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if annicable (NOTE: Re	onistered Ager	nt signature	nequired wh	nen reinstating)	DATE		
12.	OFFICERS ANI		13.		7.545.100	ADDITIONS/CHANGES TO OF	_	ID DIRECTO	RS IN 12
TITLE	V	☐ DELETE	1,1 TITLE		V			Change	Addition
NAME	HOUSEHOLDER, J.M.		1.2 NAME		Hil:	1, R. J.			
STREET ADDRESS	702 N. FRANKLIN STREET		1.3 STREE	TADDRESS	702	N. Franklin St.			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		pa, FL 33602			
TITLE	· ·		2.1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS	T44004 EL 00000 4440		2.3 STREE						
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	T-ZIP	 			☐ Change	☐ Addition
TITLE	•							□ Criailge	
NAME	The AL PROPERTY OF STREET		3.2 NAME						
STREET ADDRESS	TAMPA FL 33602-4418		3.3 STREE*						
C/TY-ST-ZIP TITLE	n			II-ZIP	 			☐ Change	Addition
NAME	EUSTACE, R. K.		4. 2 NAME						_
STREET ADDRESS	702 N. FRANKLIN STREET			TADDRESS					
CITY-ST-ZIP	TAMPA FL 33602-4418		4.4 CITY-S						
TITLE	S	DELETE	5.1 TITLE	1-24			_	☐ Change	Addition
NAME	KESSEL, R. H.	Ά	5.2 NAME		Bchw	artz, D. E.		-	Λ
STREET ADDRESS	702 N. FRANKLIN STREET		5.3 STREET	ADDRESS	702	N. Franklin St.			
CITY-ST-ZIP	TAMPA FL 33602-4418		5.4 CITY-S	T-ZIP	Tamp	a, FL 33602			
TITLE	VTD	☐ DELETE	6.1 TITLE		_			☐ Change	Addition
NAME	GILLETTE G I		6.2 NAME		İ				

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 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

702 N. FRANKLIN STREET

TAMPA FL 33602-4418

7≥CQD![E.ESchwartz, Secretary

(813) 228-1808

Daytime Phone #

= 12