

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 191988 (5)

1. Corporation Name
PEOPLES GAS SYSTEM (FLORIDA), INC.



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

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

3. Date Incorporated or Qualified 03/29/1956 3a. Date of Last Report 04/21/1995
4. FEI Number 59-0954306 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 MADISON STREET
23RD FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation.

Signature of the person who is the registered agent for the corporation.

Date

12. OFFICERS AND DIRECTORS

TITLE	ATAS	<input type="checkbox"/> DELETE
NAME	SIMPSON, NATHAN B	
STREET ADDRESS	111 MADISON STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRABSON, JOHN A JR	
STREET ADDRESS	111 MADISON STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RANKIN, TOM L	
STREET ADDRESS	111 MADISON STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHINDLER, DAVID R.	
STREET ADDRESS	111 MADISON STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BAILEY, B. T.	
STREET ADDRESS	111 MADISON STREET	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYKES, J.T. I	
STREET ADDRESS	300 PYDRAS	
CITY - ST - ZIP	NEW ORLEANS LA	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

LYKES, J.T., III
111 MADISON STREET
TAMPA, FL

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 supplier entry 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 required, on an attachment with an address.

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)