

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 # 191988 (5)

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



Principal Place of Business P.O. BOX 2562 TAMPA FL 33601	Mailing Address P.O. BOX 2562 TAMPA FL 33601
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DO NOT WRITE IN THIS SPACE

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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3. Date Incorporated or Qualified 03/29/1956	4. FEI Number 59-0954306	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. 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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATAS <input type="checkbox"/> DELETE	1.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, NATHAN B	1.2 NAME	G. L. Gillette
STREET ADDRESS	111 MADISON STREET	1.3 STREET ADDRESS	702 N. Franklin Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602-4418
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRABSON, JOHN A JR	2.2 NAME	W. N. Cantrell
STREET ADDRESS	111 MADISON STREET	2.3 STREET ADDRESS	702 N. Franklin Street
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33602-4418
TITLE	CD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, TOM L	3.2 NAME	
STREET ADDRESS	111 MADISON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHINDLER, DAVID R.	4.2 NAME	R. H. Kessel
STREET ADDRESS	111 MADISON STREET	4.3 STREET ADDRESS	702 N. Franklin Street
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33602-4418
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYKES, J.T. I	5.2 NAME	R. K. Eustace
STREET ADDRESS	111 MADISON STREET	5.3 STREET ADDRESS	702 N. Franklin Street
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602-4418
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	800002506748 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/30/98--01036--013
STREET ADDRESS		6.3 STREET ADDRESS	***1500.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 reports 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 its officer, 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 changed or in an attachment with an address.

SIGNATURE _____ DATE _____

CP2E034 (10/97)

Handwritten initials and date:
HS
4.30