

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

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90003 009 \*\*\*450.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 191988**

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



Principal Place of Business C/O R. H. KESSEL 702 N. FRANKLIN STREET TAMPA FL 33602-4418 US	Mailing Address C/O R. H. KESSEL P.O. BOX 111 TAMPA FL 33601-0111 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/O D. E. Schwartz Suite, Apt. #, etc. 22 702 N. Franklin St. City & State 23 Tampa, FL Zip 24 33602-4418	2a. Mailing Address 26 C/O D. E. Schwartz Suite, Apt. #, etc. 27 P.O. Box 111 City & State 28 Tampa, FL Zip 29 33601-0111	Country 25 U.S. Country 30 U.S.
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3. Date Incorporated or Qualified <b>03/29/1956</b>	Applied For Not Applicable
4. FEI Number <b>59-0954306</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GILLETTE, G. L.	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANTRELL, W. N.	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KESSEL, R. H.	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EUSTACE, R. K.	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602-4418	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
3.2 NAME	Schwartz, D. E.
3.3 STREET ADDRESS	702 N. Franklin St.
3.4 CITY-ST-ZIP	Tampa, FL 33602
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katherine Harris Secretary, Secretary (813) 228-1808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)