

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 09, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 213873**

**(3)**

1. Corporation Name

**PEOPLES GAS SYSTEM, INC.**



Principal Place of Business

P.O. BOX 2562  
TAMPA FL 33601

Mailing Address

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

25 Country

28 Zip

30 Country

g. Name and Address of Current Registered Agent

**SIMPSON, NATHAN B**  
**111 EAST MADISON STREET**  
**23RD FLOOR**  
**TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	MONTAGUE, CHARLES H.	1012 CASSEEKEY LANE	VERO BCH FL	<input type="checkbox"/>
VCD	RANKIN, TOM L.	111 MADISON STREET	TAMPA, FL 00000	<input type="checkbox"/>
ST	SCHINDLER, DAVID R.	111 MADISON STREET	TAMPA, FL 00000	<input type="checkbox"/>
EVD	UHL, JACK E	111 MADISON STREET	TAMPA, FL 00000	<input type="checkbox"/>
CPD	BRABSON, JOHN A JR	111 MADISON STREET	TAMPA, FL 00000	<input type="checkbox"/>
D	BOLLINGER, NEWTON H.	111 MADISON STREET	TAMPA, FL 00000	<input type="checkbox"/>

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 registered 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, or on an attachment with an address.

SIGNATURE

John A. Brabson, Jr. 4/1/96

(813) 273-0074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)