

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H57754** (4)

1. Corporation Name

PEOPLES COGENERATION COMPANY



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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/16/1985

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2563277

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 E MADISON STREET
23RD FLOOR
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

FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to register agent for the corporation

Signature of New Agent (if applicable) and date of change

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BRABSON, JOHN A., JR.	
STREET ADDRESS	111 MADISON ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	EV	☐ DELETE
NAME	UHL, JACK E.	
STREET ADDRESS	111 MADISON ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	ST	☐ DELETE
NAME	SCHINDLER, DAVID R.	
STREET ADDRESS	111 MADISON ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	ATAS	☐ DELETE
NAME	SIMPSON, NATHAN B.	
STREET ADDRESS	111 MADISON ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	MIZE, EARNEST L.	
STREET ADDRESS	111 MADISON ST	
CITY - ST - ZIP	TAMPA FL	
TITLE	CD	☐ DELETE
NAME	RANKIN, TOM L	
STREET ADDRESS	111 MADISON ST	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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, on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(813) 273-0074

CR2E034 (12/95)