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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33601-2562
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 05/16/1985		3a. Date of Last Report 04/09/1996	
4. FEI Number 59-2563277		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8.50 May Be Added to Fees			
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. 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	PD	1.1 TITLE	
NAME	BRABSON, JOHN A., JR.	1.2 NAME	
STREET ADDRESS	111 MADISON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	
NAME	UHL, JACK E.	2.2 NAME	
STREET ADDRESS	111 MADISON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	SCHINDLER, DAVID R.	3.2 NAME	
STREET ADDRESS	111 MADISON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	ATAS	4.1 TITLE	
NAME	SIMPSON, NATHAN B.	4.2 NAME	
STREET ADDRESS	111 MADISON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	MIZE, EARNEST L.	5.2 NAME	
STREET ADDRESS	111 MADISON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	RANKIN, TOM L.	6.2 NAME	
STREET ADDRESS	111 MADISON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  Jack E. Uhl 4/1/97 (813) 273-0074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)