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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

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

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 Country 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 Country 30 U.S.

3. Date Incorporated or Qualified

05/16/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRABSON, JOHN A., JR.
STREET ADDRESS 111 MADISON ST
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE EV
NAME UHL, JACK E.
STREET ADDRESS 111 MADISON ST
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE ST
NAME SCHINDLER, DAVID R.
STREET ADDRESS 111 MADISON ST
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE ATAS
NAME SIMPSON, NATHAN B.
STREET ADDRESS 111 MADISON ST
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE V
NAME MIZE, EARNEST L.
STREET ADDRESS 111 MADISON ST
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE CD
NAME RANKIN, TOM L.
STREET ADDRESS 111 MADISON ST
CITY-ST-ZIP TAMPA FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE R. E. Ludwig ☒ Change ☐ Addition
1.2 NAME 702 N. Franklin Street
1.3 STREET ADDRESS Tampa, FL 33602-4418

2.1 TITLE V/T/D ☒ Change ☐ Addition
2.2 NAME G. L. Gillette
2.3 STREET ADDRESS 702 N. Franklin Street
2.4 CITY-ST-ZIP Tampa, FL 33602-4418

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME R. H. Kessel
3.3 STREET ADDRESS 702 N. Franklin Street
3.4 CITY-ST-ZIP Tampa, FL 33602-4418

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 70000250674P ☐ Change ☐ Addition
6.2 NAME -04/30/98--01036--013
6.3 STREET ADDRESS ***1500.00
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 successor 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 my attachment with my address.

CR2E034 (10/97)