

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 191988

**Entity Name:** PEOPLES GAS SYSTEM (FLORIDA), INC.

**Current Principal Place of Business:**

702 N. FRANKLIN STREET  
TAMPA, FL 33602

**Current Mailing Address:**

P.O. BOX 111  
TAMPA, FL 33601 US

**FEI Number: 59-0954306**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ATTAL, C.A. III  
702 NORTH FRANKLIN STREET  
TAMPA, FL 33602 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name GILLETTE, G. L.  
Address 702 N. FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602-4429

Title PD  
Name NARZISSENFELD, B.  
Address 702 N. FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602-4429

Title S  
Name SCHWARTZ, D. E.  
Address 702 N. FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602-4429

Title DV  
Name CALLAHAN, S. W.  
Address 702 N. FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602-4429

Title T  
Name CARUSO, K M  
Address 702 N FRANKLIN ST  
City-State-Zip: TAMPA FL 33602

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: D. E. SCHWARTZ**

**S**

**03/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date