## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P95000068956 (8) DOCUMENT # PEGASUS CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 34 BELVEDERE LANE 34 BELVEDERE LANE PALM COAST FL 32137 PALM COAST FL 32137 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 09/07/1995 2. Principal Place of Business Mailing Address 4. FEI Number Applied For P.O. Box 352737 59-3340507 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 6 Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Palm Coa 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 32135-2 24 25 บรล Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent GUNTHARP, PAUL M JR., ESQ 81 Guntharp 4 OLD KINGS ROAD NORTH 82 SUITE B **B3** PALM COAST FL 32137 84 City Palm 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 familia with and accept the obligations of Section 607 0505, Florida Statutes. mrs. SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE HERRIN, KENNETH T NAME 1.2 NAME 1141 BRADENTON ROAD STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SUSAN R. HERRIN NAME 2 2 NAME 34 BELVEDRE LANE. STREET ADDRESS 2.3 STREET ADDRESS PALM COAST FL CITY-S1-2IP 2 4 CITY+ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME

Change

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Addition

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DELETE

SIGNATURE: