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

**PROFIT CORPORATION ANNUAL REPORT** 1998



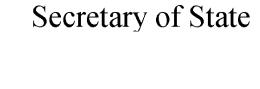
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)



**FILED** 

Apr 29 1998 8:00am

PEGRAM ENTERPRISES, INC.							
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Principal P	lace of Business	Mailing Address					
i -			· ·				
			104 ALDEAN DR C/O WILLIAM H. PEGRAM				
	FL 32771	SANFORD FL 32771				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						06/01/1981	
<del>-</del>	al Place of Business	2a. Mailing Address				4. FEI Number Applied F	or
21		26			<b>59-2094182</b> Not Appli	cable	
	.pt. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Addition	
City & State		27				Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May B		
Zip	Country Zip Coi		ntne		Trust Fund Contribution		
24	<b>⊢</b> ′		Country			8. This corporation owes or has paid the current year Intangible	•
29	25   29   30   30   9. Name and Address of Current Registered Agent		[30]			Personal Property Tax due June 30.  Yes No 10. Name and Address of New Registered Agent	
	PEGRAM, WILLIAM H	om riegioterea rigorii		81	Name	IV. Hallo and Address of Hear negistered Agent	
	104 ALDEAN DRIVE						
SANFORD FL 32771				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	SPAROND PL 32111			83			
				84	City	FL 85 Zip Code	
11. Pursus	ant to the provisions of Sections 607.0	502 and 607.1508. Florida Statut	es, the at	OOVE	-named co	progration submits this statement for the purpose of changing its regist	lered
office	or registered agent, or both, in the Sta	to of Florida, Such change was a	uthorized	d by	the corpora	ation's board of directors. I hereby accept the appointment as registe	red
		ngations of, Section 607:0303, FR	Jilua Siai	ules.			
SIGNATUR	Signature, typed or printed name of registered	agent and title if applicable (NOT	E Registered	Ager	nt signature requ	guked when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	DP	☐ DELETE	DELETE 1.1 TO			☐ Change ☐ Ac	ddition
NAME	PEGRAM, WILLIAM H		1.2 NAN		- 1		
STREET ADDRES		1.3 STF		REET A	ADDRESS		l
CITY-ST-ZIP	SANFORD FL			TY-ST	-ZIP		
TITLE	ST	☐ DELETE	2.1 TiT	TLE.		☐ Change ☐ Ac	ddition
NAME	PEGRAM, CAROLE			JME			
STREET ADORE			2.3 ST		ADDRESS		
CITY-ST-ZIP	SANFORD FL		2. 4 CIT		r-zip		
TITLE		☐ DELETE		3.1 TITLE		☐ Change ☐ Ac	dition
NAME			3.2 NA	3.2 NAME			- 1
STREET ADDRES	22		33 ST	REET A	ADORESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		r - ZtP		
TITLE	1	L. DELETE . 4.1 TI			1	☐ Change ☐ Ad	dition
NAME	1		4. 2 NAME				ł
STREET ADDRESS			4.3 STREET ADDRESS		1		- 1
CITY-ST-ZIP		- December	4.4 CITY - ST-		- ZIP		
TITLE	1	☐ DELETE	5.1 TITLE			☐ Change ☐ Ad	idition
NAME			5.2 NAME				
STREET ADORES	»		5.3 STREET ADDRESS				
CITY-ST-ZIP		1 DOLOTE	5.4 City - St		- ZIP	I Observe III and	lelitie:-
TITLE				6.1 TITLE		Change Ad	idition
NAME CORES ADDOOR	20		6.2 NA				
STREET ADDRES	»				ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST	- ZIP		

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 receiver or trusted 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 indiress.

407-3231933