

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F76470** (6)
1. Corporation Name
PEGATHON, INC.



Principal Place of Business
**208 N. INTERLACHEN AVE.
WINTER PARK FL 32789**

Mailing Address
**208 N. INTERLACHEN AVE.
WINTER PARK FL 32789**

3. Date Incorporated or Qualified
04/15/1982

3a. Date of Last Report
02/21/1995

4. FEI Number
59-2174708

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**TRICKEL, WILLIAM, JR
39 WEST PINE STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name **Thomas F. LANG.**
82 Street Address (P.O. Box Number is Not Acceptable)
Allen, Lang, Mortham & Purdy.
83 **340 N. Orange Ave.**
84 City **Orlando** FL 85 Zip Code **32801**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of officer or director, and date of filing

Thomas F. LANG

4/29/96.

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
DP	MUMBY, PEGGY W	208 NO INTERLACHEN	WINTER PARK, FL 00000	
S	TRICKEL, WILLIAM JR	39 W PINE ST	ORLANDO, FL 00000	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
2	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
3	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
4	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
5	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
6	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-629-0573

CR2E034 (12/95)