

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J31318 (5)

1. Corporation Name

PEGASUS LABORATORIES, INC.

Principal Place of Business

8809 ELY ROAD
ELLYSON BOX 24
PENSACOLA FL 32591-0024

Mailing Address

8809 ELY ROAD
ELLYSON BOX 24
PENSACOLA FL 32591-0024



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/29/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2743556

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

10. Name and Address of New Registered Agent

CUSHING, GARY H.

~~2601 SHERRILANE RD.~~

~~CANTONMENT FL 32533~~

493 Deer Point
Gulf Breeze FL 32561

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 new filing)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE

DV

NAME

~~RALSTON, JOHN T.~~

STREET ADDRESS

~~3206 CORAL STRIP PKWY.~~

CITY-STATE-ZIP

~~GULF BREEZE FL~~

TITLE

PD

☐ DELETE

NAME

ANTIS, JACK

STREET ADDRESS

305 POINCIANA DRIVE

CITY-STATE-ZIP

GULF BREEZE FL

TITLE

STV

☐ DELETE

NAME

CUSHING, GARY

STREET ADDRESS

2361 SHERRILANE RD.

CITY-STATE-ZIP

CANTONMENT FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE

VD

1.2 NAME

Guthrie, Harry R.

1.3 STREET ADDRESS

809 Dolphin Rd

1.4 CITY-STATE-ZIP

MILTON FL 32570

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

☒ Change

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☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 901 4782770
Daytime Phone #

CR2E034 (12/95)