

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

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1986	3a. Date of Last Report 04/15/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2743556		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent CUSHING, GARY H. 493 DEER POINT GULF BREEZE FL 32561		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	11. TITLE	VD ☒ Change ☐ Addition
NAME	GAHEEN, HARRY A	12. NAME	HARRY A. Gaheen
STREET ADDRESS	809 DOLPHIN RD	13. STREET ADDRESS	809 Dolphin Rd.
CITY - ST - ZIP	MILTON FL	14. CITY - ST - ZIP	Milton, FL 32583
TITLE	PD ☐ DELETE	2.1. TITLE	☐ Change ☐ Addition
NAME	ANTIS, JACK	2.2. NAME	
STREET ADDRESS	305 POINCIANA DRIVE	2.3. STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	2.4. CITY - ST - ZIP	
TITLE	STD ☐ DELETE	3.1. TITLE	☐ Change ☐ Addition
NAME	CUSHING, GARY	3.2. NAME	
STREET ADDRESS	493 DEER POINT	3.3. STREET ADDRESS	
CITY - ST - ZIP	GULF BREEZE FL	3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1. TITLE	☐ Change ☐ Addition
NAME		4.2. NAME	
STREET ADDRESS		4.3. STREET ADDRESS	
CITY - ST - ZIP		4.4. CITY - ST - ZIP	
TITLE	☐ DELETE	5.1. TITLE	☐ Change ☐ Addition
NAME		5.2. NAME	
STREET ADDRESS		5.3. STREET ADDRESS	
CITY - ST - ZIP		5.4. CITY - ST - ZIP	
TITLE	☐ DELETE	6.1. TITLE	☐ Change ☐ Addition
NAME		6.2. NAME	
STREET ADDRESS		6.3. STREET ADDRESS	
CITY - ST - ZIP		6.4. CITY - ST - ZIP	

14. I do 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 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: *Jack D. Antis* / **JACK D. Antis** 4/18/97 904-478-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)