

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90016 031 ****61.25

0000808

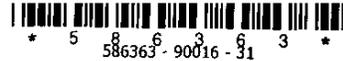
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N980000019851**

1. Corporation Name
PEGASUS PROJECT, INC.



Principal Place of Business
 616 HICKORY HAMMOCK LANE
 CARRABELLE FL 32322

Mailing Address
 P O BOX 767
 CARRABELLE FL 32322



2. Principal Place of Business 1 616 Hickory Hammock Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 767 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/06/1998	
27		27		4. FEI Number 59350365 Applied For Not Applicable	
3. City & State Carrabelle Fla		28. City & State Carrabelle Fla		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
4. Zip Country 32322 Franklin		29. Zip Country 32322 Franklin		30. Zip Country Franklin	

9. Name and Address of Current Registered Agent
 DOVE, JOYCE S
 924 N GADSDEN ST
 TALLAHASSEE FL 32303

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Andrea J. Waller Andrea J. Waller 6-31-91
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLER, ANDREA	1.2 NAME	
STREET ADDRESS	616 HICKORY HAMMOCK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARRABELLE FL 32322	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVELL, BARBARA	2.2 NAME	Jerry C. Waller
STREET ADDRESS	616 HICKORY HAMMOCK LANE	2.3 STREET ADDRESS	616 Hickory Hammock Rd
CITY-ST-ZIP	CARRABELLE FL 32322	2.4 CITY-ST-ZIP	Carrabelle Fla 32322
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, SHIRLEY	3.2 NAME	McAnally, Brandy
STREET ADDRESS	616 HICKORY HAMMOCK LANE	3.3 STREET ADDRESS	616 Hickory Hammock Rd
CITY-ST-ZIP	CARRABELLE FL 32322	3.4 CITY-ST-ZIP	Carrabelle, Fla 32322
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea J. Waller Andrea J. Waller 697-4217 H.
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)