

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

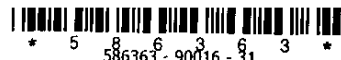
DOCUMENT # N980000019851

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. 2 City & State 3 Carrabelle Fla Zip 4 32322 Country 25 Franklin | | 2a. Mailing Address 26 PO Box 767 Suite, Apt. #, etc. 27 City & State 28 Carrabelle Fla Zip 29 32322 Country 30 Franklin | | 3. Date Incorporated or Qualified 04/06/1998 | |
| | | 4. FEI Number 593503655 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

DOVE, JOYCE S
924 N GADSDEN ST
TALLAHASSEE FL 32303

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 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REVELL, BARBARA | 2.2 NAME | Dr. 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 # 697-8925 W.

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CR2E037 (5/99)