

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 # **P94000015187 (5)**

1. Corporation Name

PEGASUS-FOUR CAPITAL CORPORATION



Principal Place of Business

Mailing Address

**3200 COMMONWEALTH BOULEVARD
TALLAHASSEE FL 32303**

**3200 COMMONWEALTH BOULEVARD
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, DAVID S
3200 COMMONWEALTH BOULEVARD
TALLAHASSEE FL 32303**

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, type or print 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 ☐ DELETE

NAME: **D
OLSON, JOHN S
P.O. BOX 3987 N/A
TALLAHASSEE FL 32315**

1.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME: **D
WATSON, DAVID S
3709 FOXFORD CIRCLE
TALLAHASSEE FL 32308**

1.2 NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

2.5 STREET ADDRESS

2.6 CITY- ST- ZIP

2.7 STREET ADDRESS

2.8 CITY- ST- ZIP

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2.21 STREET ADDRESS

2.22 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID S WATSON

1/18/96

904 575 0179

CR2E034 (12/95)