

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 # P94000066168 (3)

1. Corporation Name

PEGASUS ENGINEERING SERVICES, INC.



Principal Place of Business

205 U.S. HWY. ONE
SUITE 542
JUNO BEACH FL 33408

Mailing Address

205 U.S. HWY. ONE
SUITE 542
JUNO BEACH FL 33408

2. Principal Place of Business

21 13205 U.S. HWY ONE

Suite, Apt. #, etc.

22 # 542

City & State

23 JUNO BEACH, FL.

Zip Country

24 33408

25 PB

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

03/02/1995

4. FEI Number

65-0531981

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALLORY, EARL K
675 W. INDIANTOWN RD.
SUITE 103
JUPITER FL 33458

81 Name

LINDA EASON

82 Street Address (P.O. Box Number is Not Acceptable)

13205 U.S. HWY ONE # 542

83

84 City

JUNO BEACH

FL

85 Zip Code

33408

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

Sandra B. Mortham

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D EASON, LINDA
205 U.S. HWY. ONE, SUITE 542
JUNO BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D EASON, MICHAEL
205 U.S. HWY. ONE, SUITE 542
JUNO BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D FINUCANE, JAMES
205 U.S. HWY. ONE, SUITE 542
JUNO BEACH FL 33408

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

13205 U.S. HWY ONE # 542
JUNO BEACH, FL. 33408

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

13205 U.S. HWY ONE # 542
JUNO BEACH, FL. 33408

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

13205 U.S. HWY ONE # 542
JUNO BEACH, FL. 33408

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *Michael W. Eason* MICHAEL W. EASON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date

407 691-9260

Daytime Phone #

CR2E034 (12/95)