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 # | P95000035592 | (1) |
|---------------------|--------------|-----|
| 1. Corporation Name | | |

PEGASUS GOURMET COFFEE COMPANY, INC.

Principal Place of Business

Mailing Address



| 140 NORTH BEACH STREET #5A 140 NORTH BEACH STREE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 | | | A | | | | |
|---|--|--|---|----------------------------------|---|-----------------------------|--------------------|
| | | | | | 3. Date Incorporated or Qualified 05/01/1995 | 3a. Date of Last Re | port |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | | | 4. FEI Number | | pplied For |
| 21 26 | | | .nv/rnw-v | 5'9-33477. | | lot Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional Required | |
| City & State | City & State | | Election Campaign Financing Trust Fund Contribution | 1 1 | May Be i to Fees | | |
| Zip | Country | Zip | Coun | try | 8. This corporation has liability for | | 199.032, |
| 24 | [25] | 29 | 30 | | Florida Statutes Yes 10. Name and Address of New F | No Registered Agent | |
| | 9. Name and Address of Currer | n Hegistered Agent | | Name | 10. Name and Address of New F | registered Agent | |
| | | | | | | | |
| | r, Kenneth G Orth Beach Street #5a | | ; | Street | Address (P.O. Box Number is Not Acceptat | ole) | \ |
| , , , , , , , | ONA BEACH FL 32114 | | | 33 | | | |
| | | | | 84 City | | FL I ' | Code |
| 11. Pursuant to | the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the abov | e-named co | rporation submits this statement for the pu | | egistered office |
| or registere | ed agent, or both, in the State of Flori | ida. Such change was authorize tion 607.0505. Florida Statutes. | d by the co | orporation's | orporation submits this statement for the puboard of directors. I hereby accept the app | ointment as registered , | agent. I am |
| SIGNATURE. | June 1/1/2 | KENNGIHE ROSIE | R PRE | CIDENT | • | 24/30/96 | |
| | Signature, typed or printed name of registered agra- | Land ble l'applicatio. (NOT | E. Registered A | lgent signature r | equired when reinstaung) | DETE | |
| 12. | | ID DIRECTORS 13 | | | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTO | Addition |
| TITLE | VSD | DELETE | 1.) 111 | | RENNETH G ROSICR | M Change | PRS IN 12 Addition |
| NAME | ROSIER, KENNETH G | | 1.2 NAI | | KENNETH & MUSICA | | |
| STREET ADDRESS | 1568 HAMMOCK DRIVE | | | REET ADDRESS | 1568 HAMMOCK OR | | |
| CITY-ST-ZIP TITLE | HOLLY HILL FL 32117 PD | DETELE | 2 1 111 | Y-S1-Z)P | HOLLYHILL, FL 32117 VSO TAMMIE MURPHY | [7] Change | Addition |
| NAME | PAWSON, THOMAS W | Jan Colonia | 2.2 NA | | LOUNGE MURCHY | | ~ |
| STREET ADDRESS | 43 PINEHURST CIRCLE | | | REE1 ADDRESS | 1568 HAMMOCK OR | | |
| | ORMOND BEACH FL 3217 | 74 | | Y- ST- ZIP | HOLLY HILL, FL 32-117 | | İ |
| CITY-ST-ZIP TITLE | OTWOND DEADITIE OF IT | DELETE | 3. 1 11 | | more mice, a fine | Change | Addition |
| NAME | | | 3.2 NA | ME | | | |
| STREET ACCRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | | |
| TITLE | | DELETE | 4. 1 Ti | | | ☐ Change | Addition |
| NAME | | | 4 2 NA | ME | | | , [|
| STREET ADDRESS | | | 4.3 \$1 | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CI | Y-S1-ZIP | | | |
| TITLE | | DELETE | 5. 1 70 | TLE . | | Change | ☐ Addition |
| NAME | | | 5.2 NA | ME | | | |
| STREET ADDRESS | | | 5.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | | | | Y-ST-ZIP | | Em At . | - Adres |
| TITLE | | ☐ DELETE | 6. 1 1 | TLE | | Change | Addition |
| NAME | | | 6 2 NA | | | | |
| STREE1 ADDRESS | | | | REET ADDRESS | | | |
| C(TY - S1 - 7(P | | | 6.4 CI | 1Y-S1-ZIP | | 0.07/0//11 50-14-04-4 | Ann I E walen |

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 supplierental 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 coproration 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 13.7 changes for on an attachment with an address.

SIGNATURE: SIGNATURE IN THE OR PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR