## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

2a. Mailing Address

3200 COMMONWEALTH BLVD.

TALLAHASSEE FL 32303-3173

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 24 1997 8:00am

Secretary of State

3a. Date of Last Report

(904) 575 0179

Applied For Not Applicable

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

Principal Place of Business

TALLAHASSEE FL 32303

3200 COMMONWEALTH BLVD.

2. Principal Place of Business

SIGNATURE:

DOCUMENT # P96000091835 (4)

PEGASUS-FIVE CAPITAL CORPORATION

26 Suite, Apt.#, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo WATSON, DAVID S 3200 COMMONWEALTH BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 City 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 of 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signal or hypothesis provinting is, of regularized agent along line if applicable. (NOTE: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6)Change Addition DELETE 1.1 TITLE 11119 OLSON, JOHN S NAV: 1.2 NAME 249 John Konox Rood Tallahasser PL 3230 P.O. BOX 3987 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32315 1.4 City-St-ZiP Citt - S" - 7/P Change ☐ Addition DELETE 2.1 TITLE THE Watson, David S NAME 2.2 NAME 3709 FOXFORD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 2 4 CITY-ST-ZIP CHY-\$1-7(P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-51-2# DELETE Change Addition 4.1 TITLE THE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-St-ZIF DELFTE Change Addition 51 TITLE 100 5.2 NAME MALI **53 STREET ADDRESS** STREET ADDRESS 54 CITY+ST-ZIP CHY-SI-781 Addition DELETE Change 6.1 TITLE THE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ACTORESS 64 CITY-ST-ZIP CITY ST-ZIP 14. I do 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 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 corporation of the corporation of the corporation of 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 ch an altachment with an address

I TRAVID S WATEN