

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

DOCUMENT # P98000040097

1. Corporation Name

PEGASUS PROPERTY MANAGEMENT, INC.

Principal Place of Business

 6064 TIMBERWOOD CIRCLE
 #308
 FT. MYERS FL 33908

Mailing Address

 6064 TIMBERWOOD CIRCLE
 #308
 FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1998

4. FEI Number

65-0848752

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 owes the current year Intangible
 Personal Property Tax: ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

 STILSON, BARBARA A
 6064 TIMBERWOOD CIRCLE
 #308
 FT. MYERS FL 33908

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, 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 **V.P. Director** ☐ DELETE
 NAME **BARBARA A. STILSON**
 STREET ADDRESS **6064 TIMBERWOOD CIR. # 308**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

 TITLE **P.** ☐ DELETE
 NAME **THOMAS E. EATON**
 STREET ADDRESS **6064 TIMBERWOOD CIR. # 308**
 CITY-ST-ZIP **FT. MYERS, FL 33907**

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 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 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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

Date

941-454-8568

Daytime Phone #

CR2E034 (1/98)