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 # 380156 (0)

1. Corporation Name

PIONEER HOLDING, INC.

Principal Place of Business	Mailing Address
2930-48TH DR. EAST ~~1615 - 51 AVE EAST~~ P. O. BOX 566 ONECO FL 34264	~~1615 - 51 AVE EAST~~ P. O. BOX 566 ONECO FL 34264

3. Date Incorporated or Qualified: 04/07/1971	3a. Date of Last Report: 02/10/1995
4. FEI Number: 59-1353015	☐ 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	

	2. Principal Place of Business	2a. Mailing Address
21 / 26	2930-48TH DR. EAST	P.O. Box 566
Suite, Apt. #, etc. 22 / 27		
City & State 23 / 28	BRADENTON FL.	ONECO, FL.
Zip 24 / 29	34203	34264
Country 25 / 30	MANATEE	MANATEE

9. Name and Address of Current Registered Agent

PINTO, HAMILTON R.
1615-51ST AVE E
P O BOX 566
ONECO FL 34264

10. Name and Address of New Registered Agent

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: Hamilton R Pinto HAMILTON R. PINTO 1/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	PD		1.1 TITLE	
NAME	PINTO,HAMILTON R		1.2 NAME	
STREET ADDRESS	1615 51ST AVE E.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PINTO,THELMA		2.2 NAME	
STREET ADDRESS	1615 51ST AVE E.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ONECO FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Hamilton R Pinto 1/16/96 (941) 756-2508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)