

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90137 018 \*\*\*150.00

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DOCUMENT # 132882

1. Corporation Name

PIONEER MOTOR SALES CO

Principal Place of Business

209 SOUTH MAIN ST  
BELLE GLADE FL 33430

Mailing Address

209 SOUTH MAIN ST  
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1936

4. FEI Number

59-0404400

Applied For  
No 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATE, S C  
209 S MAIN ST  
BELLE GLADE FL 33430

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.

(NONE) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME PATE, VIVIAN W  
STREET ADDRESS 209 SOUTH MAIN ST  
CITY-ST-ZIP BELLE GLADE FL

1.1 TITLE ☐ Change ☐ Addition

S ☐ DELETE

NAME PATE, CRAIG D  
STREET ADDRESS 209 SOUTH MAIN ST  
CITY-ST-ZIP BELLE GLADE FL

1.2 NAME ☐ Change ☐ Addition

D ☐ DELETE

NAME SHEER, CINDY M.  
STREET ADDRESS 209 SOUTH MAIN ST  
CITY-ST-ZIP BELLE GLADE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

V ☐ DELETE

NAME PATE, STEPHEN L  
STREET ADDRESS 209 SOUTH MAIN ST  
CITY-ST-ZIP BELLE GLADE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

P ☐ DELETE

NAME PATE, S C  
STREET ADDRESS 209 SOUTH MAIN ST  
CITY-ST-ZIP BELLE GLADE FL

2.1 TITLE ☐ Change ☐ Addition

☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 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 607, 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

CRAIG D. PATE

4/22/99

(561) 996-2500

Date

Daytime Phone #

CR2E034 (1/98)