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1995 FEB -6 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 205036

(7)

1. Corporation Name

PIONEER METALS OF TAMPA INC

Principal Place of Business

111 S ROME AVE
TAMPA FL 33606

Mailing Address

3611 NW 74TH ST
MIAMI FL 33147

900001401928
-02/09/95--01068--001
****4400.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/12/1957** 3a. Date of Last Report **03/24/1994**

4. FEI Number **59-0907826** 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

21 Suite, Apt. #, etc.

22 City & State

24 Zip

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

**HEGAMYER, WILLIAM H
511 N. MASHTA DRIVE
KEY BISCAYNE FL**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code **33149**

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, hand or printed name of registered agent and file # (application)

DATE: Registered Agent signature required when reappointing

DATE:

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HEGAMYER, W H
STREET ADDRESS	511 N. MASHTA DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	HEGAMYER, L K
STREET ADDRESS	511 N. MASHTA DRIVE
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	T
NAME	ROBINSON, CHARLES V
STREET ADDRESS	1550 NE 123 ST, N-307
CITY - ST - ZIP	MIAMI FL 33101
TITLE	SD
NAME	HEGAMYER, K L
STREET ADDRESS	281 GREENWOOD DR
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	MARTY, D C
STREET ADDRESS	7850 SW 07 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	HINCKLEY, H D
STREET ADDRESS	6085 ROLLING RD DR
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	ZIP 33149
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	ZIP 33149
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	ZIP 33161
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	ZIP 33149
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	ZIP 33143
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	ZIP 33156

Handwritten signature/initials

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)(b), 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: William H. Hegamyer *[Signature]*

1/12/95

(305) 696-0830

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Original Filing #