

1. Entity Name

PIONEER METALS OF FT MYERS INC

Principal Place of Business

3200 HANSON STREET  
UNIT #2  
FT MYERS FL 33916  
US

Mailing Address

6501 NW 37TH AVE  
MIAMI FL 33147-7527  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

CT Corporation system

1200 So. Pine Island Rd.

Plantation, FL 33324

L Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

DATE

5/1/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	HEGAMYER, W H	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEGAMYER, L K	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, CHARLES V	
STREET ADDRESS	1550 NE 123 ST, N-307	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEGAMYER, K L	
STREET ADDRESS	261 GREENWOOD DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTY, D C	
STREET ADDRESS	7845 SW 67TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HINCKLEY, H D	
STREET ADDRESS	6065 ROLLING RD DR	
CITY-ST-ZIP	MIAMI FL 33156	

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Goodman	
STREET ADDRESS	1501 Seamist	
CITY-ST-ZIP	Houston, Tx 77008	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garland Winningham	
STREET ADDRESS	1501 Seamist	
CITY-ST-ZIP	Houston, Tx 77008	
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Dombrowski	
STREET ADDRESS	1501 Seamist	
CITY-ST-ZIP	Houston, Tx 77008	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tania Klepser	
STREET ADDRESS	1501 Seamist	
CITY-ST-ZIP	Houston, Tx 77008	
TITLE	V Stry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

FILED

00 MAY -1 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0822490

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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511 N. MASHTA DRIVE  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2000

3056960830