**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB -6 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT # 217313** **(6)**

1. Corporation Name
**PIONEER METALS OF ORLANDO INC**

700001414447
-02/09/95--01068--001
***4400.00 ****200.00
DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2450 SILVER STAR RD<br>ORLANDO FL 32804<br>US | 3611 NW 74TH ST<br>MIAMI FL 33147-5827<br>US |

3. Date Incorporated or Qualified: **11/01/1958**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): 
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-0658292** ☐ 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

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CP | 11 TITLE | ☐ Change ☒ Addition | |
| NAME | HEGAMYER,W H | 12 NAME | | |
| STREET ADDRESS | 511 N. MASHTA DRIVE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | KEY BISCAYNE FL | 14 CITY-ST-ZIP | ZIP 33149 | |
| TITLE | VD | 21 TITLE | ☐ Change ☒ Addition | |
| NAME | HEGAMYER,L K | 22 NAME | | |
| STREET ADDRESS | 511 N. MASHTA DRIVE | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | KEY BISCAYNE FL | 24 CITY-ST-ZIP | ZIP 33149 | |
| TITLE | T | 31 TITLE | ☐ Change ☒ Addition | |
| NAME | ROBINSON, CHARLES V | 32 NAME | | |
| STREET ADDRESS | 1550 NE 123 ST, N-307 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | N MIAMI FL | 34 CITY-ST-ZIP | ZIP 33161 | |
| TITLE | SD | 41 TITLE | ☐ Change ☒ Addition | |
| NAME | HEGAMYER, K L | 42 NAME | | |
| STREET ADDRESS | 261 GREENWOOD DR | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | KEY BISCAYNE FL | 44 CITY-ST-ZIP | ZIP 33149 | |
| TITLE | VD | 51 TITLE | ☐ Change ☒ Addition | |
| NAME | MARTY, D C | 52 NAME | | |
| STREET ADDRESS | 7650 SW 67 TERRACE | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 54 CITY-ST-ZIP | ZIP 33143 | |
| TITLE | VD | 61 TITLE | ☐ Change ☒ Addition | |
| NAME | HINCKLEY, H D | 62 NAME | | |
| STREET ADDRESS | 6065 ROLLING RD DR | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 64 CITY-ST-ZIP | ZIP 33156 | |

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:** William H. Hegamyer 1/12/95 (305) 696-0830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

01B1370 CP