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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 239400 (5)

1. Corporation Name

PIONEER METAL OF JACKSONVILLE, INC.

27



Principal Place of Business

601 N MYRTLE AVE  
JACKSONVILLE FL 32204  
US

Mailing Address

3611 NW 74TH ST  
MIAMI FL 33147-5827  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEGAMYER, WILLIAM H  
520 N MASHTA DR  
KEY BISCAINE FL 33149

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE

NAME HEGAMYER, W H  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY, ST, ZIP KEY BISCAINE FL 33149

TITLE VD ☐ DELETE

NAME HEGAMYER, L K  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY, ST, ZIP KEY BISCAINE FL 33149

TITLE T ☐ DELETE

NAME ROBINSON, CHARLES V  
STREET ADDRESS 1550 NE 123 ST, N-307  
CITY, ST, ZIP N MIAMI FL 33161

TITLE SD ☐ DELETE

NAME HEGAMYER, K L  
STREET ADDRESS 261 GREENWOOD DR.  
CITY, ST, ZIP KEY BISCAINE FL 33149

TITLE VD ☐ DELETE

NAME MARTY, D C  
STREET ADDRESS 7850 SW 67 TERRACE  
CITY, ST, ZIP MIAMI FL 33143

TITLE VD ☐ DELETE

NAME HINCKLEY, H D  
STREET ADDRESS 6065 ROLLIN RD DR  
CITY, ST, ZIP MIAMI FL 33156

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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 from an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Hegamy

1/25/96

Date

305-696-0830

Daytime Phone #

CR2E034 (12/95)