

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**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90025 001 \*3,450.00

**DOCUMENT # 239400**

1. Corporation Name

**PIONEER METAL OF JACKSONVILLE, INC.**

Principal Place of Business

601 N MYRTLE AVE  
JACKSONVILLE FL 32204  
US

Mailing Address

6501 NW 37TH AVE  
MIAMI FL 33147-5827  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1960

4. FEI Number

59-1667765

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HEGAMYER, WILLIAM H  
511 NO MASHTA DRIVE  
KEY BISCAYNE FL 33149

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE VD ☐ DELETE

NAME MARTY, D C  
STREET ADDRESS 7845 SW 67TH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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

305-696-0830

Date

Daytime Phone #

CR2E034 (11/98)