

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **239401** (3)

1. Corporation Name

**PIONEER METALS OF MELBOURNE, INC.**



Principal Place of Business

**7618 ELLIS ROAD  
W MELBOURNE FL 32904  
US**

Mailing Address

**3611 NW 74TH ST  
MIAMI FL 33147-5827  
US**

3. Date Incorporated or Qualified

**08/12/1960**

3a. Date of Last Report

**02/06/1995**

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

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEGAMYER, WILLIAM H  
511 N. MASHTA DRIVE  
KEY BISCAYNE 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, type or print name of registered agent or officer/director

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **CP  
HEGAMYER, W H  
511 N. MASHTA DRIVE  
KEY BISCAYNE FL 33149**

1.2 NAME

STREET ADDRESS **511 N. MASHTA DRIVE**

1.3 STREET ADDRESS

CITY-STATE-ZIP **KEY BISCAYNE FL 33149**

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD  
HEGAMYER, L K  
511 N. MASHTA DRIVE  
KEY BISCAYNE FL 33149**

2.2 NAME

STREET ADDRESS **511 N. MASHTA DRIVE**

2.3 STREET ADDRESS

CITY-STATE-ZIP **KEY BISCAYNE FL 33149**

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **T  
ROBINSON, CHARLES V  
1550 NE 123 ST, N-307  
N MIAMI FL 33161**

3.2 NAME

STREET ADDRESS **1550 NE 123 ST, N-307**

3.3 STREET ADDRESS

CITY-STATE-ZIP **N MIAMI FL 33161**

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **SD  
HEGAMYER, K L  
261 GREENWOOD DR  
KEY BISCAYNE FL 33149**

4.2 NAME

STREET ADDRESS **261 GREENWOOD DR**

4.3 STREET ADDRESS

CITY-STATE-ZIP **KEY BISCAYNE FL 33149**

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **VD  
MARTY, D C  
7850 SW 67 TERRACE  
MIAMI FL 33143**

5.2 NAME

STREET ADDRESS **7850 SW 67 TERRACE**

5.3 STREET ADDRESS

CITY-STATE-ZIP **MIAMI FL 33143**

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **VD  
HINCKLEY, H D  
6065 ROLLING RD DR  
MIAMI FL 33156**

6.2 NAME

STREET ADDRESS **6065 ROLLING RD DR**

6.3 STREET ADDRESS

CITY-STATE-ZIP **MIAMI FL 33156**

6.4 CITY-STATE-ZIP

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 or in an attachment with an address.

SIGNATURE: *Kathy Hegamy*

Kathy Hegamy

1/25/96

305-696-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)