

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 # 301908 (0)

1. Corporation Name

PIONEER METALS OF SARASOTA, INC.



Principal Place of Business

2401 15TH ST
SARASOTA FL 34237
US

Mailing Address

3611 NW 74TH ST
MIAMI FL 33147-5827
US

3. Date Incorporated or Qualified

02/15/1966

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1151262

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

10. Name and Address of New Registered Agent

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

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, if not applicable,

(If 11c Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HEGAMYER, W H	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEGAMYER, L K	
STREET ADDRESS	511 N. MASHTA DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE	T	<input 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 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	7850 SW 67 TERRACE	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HINCKLEY, H D	
STREET ADDRESS	6085 ROLLING RD DR	
CITY - ST - ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	7845 SW 67th Terrace
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Hegamyer

1/25/96

305-696-0830

Date

Daytime Phone #

CR2E034 (12/95)