

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:09

DOCUMENT # 368053 (5)

1. Corporation Name

PIONEER DEVELOPMENT GROUP, INC.

Principal Place of Business
**455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640**

Mailing Address
**455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/06/1970** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1309892** 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

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

**BUCKLES, WILLIAM G.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 necessary

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, GREG	1.2 NAME	
STREET ADDRESS	455 N INDIAN ROCKS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	1.4 CITY - ST - ZIP	
TITLE	TSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLES, WILLIAM	2.2 NAME	
STREET ADDRESS	455 N INDIAN ROCKS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MILES J.	3.2 NAME	
STREET ADDRESS	455 N INDIAN ROCKS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARODY, MICHAEL	4.2 NAME	
STREET ADDRESS	455 N INDIAN ROCKS RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELTMAN, DAVID M.	5.2 NAME	
STREET ADDRESS	455 N. INDIAN ROCKS RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR BLUFFS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 included 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 or change 1, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

DATE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #