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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 368053 (5)

1. Corporation Name
PIONEER DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address
455 N INDIAN ROCKS RD 455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640 BELLEAIR BLUFFS FL 33770-2014

3. Date Incorporated or Qualified 08/06/1970 3a. Date of Last Report 02/20/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 33770 25 Country 29 Zip 30 Country
2. 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
BUCKLES, WILLIAM G. 81 Name
455 N INDIAN ROCKS RD 82 Street Address (P.O. Box Number is Not Acceptable)
BELLEAIR BLUFFS FL 34640 33770 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		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 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.585.6333

CR2E034 (9/96)