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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 827034

PIONEER WESTERN FINANCIAL CORPORATION

Principal Plac	e of Business	Mailing Address							411 41817 1467
3001 EXECUTIVE DR		3001 EXECUTIVE DR	3001 EXECUTIVE DR						
STE 260		STE 260						_	
CLEARWATER	FL 33762	CLEARWATER FL 33762				DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						11/15/1971			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			lied For
21		26				59-1319088			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22		27					Fe	e Rec	ured
City & Stat	te	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip Country				8. This corporation owes the current year Int			
24	25	29 30	30			Personal Property Tax.	X Yes		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent		
			8	1	Name				
MCNEAL, RANO E			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	EXECUTIVE DR			-	•				
STE			8	3					
CLE	ARWATER FL 33762		<u>-</u>	_			Tail	Zin C	
					City	FL	•	Zip C	
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: Register					ignature requir	ed when reinstating) DATE			
12.			13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DCSV	☐ DELETE	1.1 TITLE			•	☐ Cha	ınge	☐ Addition
NAME	CALDWELL, CRAIG D.		1.2 NAME	1					
STREET ADDRESS	10556 INDIAN HILLS CT	i56 INDIAN HILLS CT 1.3 ST		ET AL	DDRESS				
CITY-ST-ZIP	LARGO FL 33777		1.4 CITY-5		ZIP]				
TITLE	PD	☐ DELETE	2.1 TITLE				Cha	inge	☐ Addition
NAME	MCNEAL, RAND E.		2.2 NAME			•			
STREET ADDRESS	3256 HERON PL		2.3 STREE		DDRESS				
CITY-ST-ZIP			2. 4 CITY	- ST- 2	ZIP				
TITLE			3.1 TITLE		7		☐ Cha	inge	Addition
NAME	3.2.1		3.2 NAME	l 1 *		ALOURLL, COMO D.			
STREET ADDRESS			3.3 STRE		DORESS //	0556 FNOTAN HILLS CT.			·
			3.4. CITY			LARGO FL 33777			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cha	inge	Addition
NAME		<u></u>	4. 2 NAM				_	-	_
			4.3 STRE		DODESC				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELETE	4.4 CITY-		LIP .	,	☐ Cha	ange	Addition
TITLE		☐ pereie	5.1 TITLE 5.2 NAME						ا "العدد ال
NAME					DODES:	•			ļ
STREET ADDRESS			5.3 STRE						
CITY-ST-ZIP			5.4 CITY-				- Clcl-		Addition
TITLE		☐ DELETE	6.1 TITLE			•	☐ Cha	nûa.	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS	i		6.3 STRE	ET AC	DDRESS	·			

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: