

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 # **G02262** (5)
1. Corporation Name
PIONEER METALS OF TALLAHASSEE, INC.



Principal Place of Business

1353 BLOUNSTOWN HWY
TALLAHASSEE FL 32304
US

Mailing Address

3611 NW 74TH ST
MIAMI FL 33147-5827
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HEGAMYER, W.H.
511 N. MASHTA DR.
KEY BISCAINE FL 33149

3. Date Incorporated or Qualified

10/07/1982

3a. Date of Last Report

02/06/1995

4. FEI Number

59-2230874

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

See the type of person who is required to sign and then approve.

(If the Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME HEGAMYER, WH
STREET ADDRESS 511 N. MASHTA DR.
CITY-STATE-ZIP KEY BISCAINE FL 33149

TITLE VD ☐ DELETE

NAME HEGAMYER, LK
STREET ADDRESS 511 N. MASHTA DR.
CITY-STATE-ZIP KEY BISCAINE FL 33149

TITLE T ☐ DELETE

NAME ROBINSON, CHARLES V
STREET ADDRESS 1550 NE 123 ST, N-307
CITY-STATE-ZIP N MIAMI FL 33161

TITLE SD ☐ DELETE

NAME HEGAMYER, K L
STREET ADDRESS 261 GREENWOOD DR
CITY-STATE-ZIP KEY BISCAINE FL 33149

TITLE VD ☐ DELETE

NAME MARTY, D C
STREET ADDRESS 7850 SW 67 TERRACE
CITY-STATE-ZIP MIAMI FL 33143

TITLE VD ☐ DELETE

NAME HINCKLEY, H D
STREET ADDRESS 6065 ROLLING DR
CITY-STATE-ZIP MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

7845 SW 67th Terrace

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

CR2E034 (12/95)