FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # GO2

02262

(5)

PIONEER METALS OF TALLAHASSEE, INC.

PIUNE	EN METALS OF TALLAHASS	EE, ING.			
Principal Plac	e of Business	Mailing Address		-{	OLOLI EKOK BIOLIJOJON EKOK 1904
1353 BLOUNSTOWN HWY 3611 NW 74TH ST					
TALLAHASSEE FL 32304 MIAMI FL 33147-5827					
U\$ U\$				DO NOT WRITE IN THIS SPACE	
		•		3. Date Incorporated or Qualified 10/07/1982	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26\$501 NW 37th	Ave.	59-2230874	Not Applicable
⊢ ''' '		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 Gird & Cidlo 231			Fee Required
23		M126ff119 F1		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 33147	- Gernty	8. This corporation owes or has paid the	
24	25	29 33147	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent
HEGAMYER, W.H. 81 Name					;
511 N. MASHTA DR.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
· KEY BISCAYNE FL 33149			90		
			83		
. •			84 City	=	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpose	e of changing its registered
agent. I a	egistered agent, or born, in the state to m familiar with, and accept the obliga-	tions of, Section 607.0505, Flo	rida Statules.	on's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agen OFFICERS AND	~	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	G ²	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	HEGAMYER, WH		1.2 NAME		
Street address	511 N. MASHTA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY - ST - ZIP		
TITLE	VO	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HEGAMYER, LK		2.2 NAME		
STREET ADDRESS	511 N. MASHTA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 CITY-ST-ZIP		
TITLE	Ţ	DELETE	31 TITLE		Change Addition
NAME	ROBINSON, CHARLES V		3 2 NAME		
STREET ADDRESS	1550 NE 123 ST, N-307		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33161	[]	3.4. CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE		Change Addition
NAME	HEGAMYER, K L		4. 2 NAME		
STREET ADDRESS	261 GREENWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149 VD	I I prieze	4.4 CITY-ST-ZIP		Change Dadding
TITLE	MARTY, D.C.	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	7845 SW 67TH TERRACE		5.2 NAME		1
STREET ADDRESS	MIAMI FL		5.3 STREET ADDRESS		33143
CITY+ST-ZIP TITLE	VD VD	DELE T E	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	HINCKLEY, H D	C DELETE	6.2 NAME		CT Cristings CT Modit(01)
STREET ADDRESS	6065 ROLLING DR		6.3 STREET ADDRESS		

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 chapted, or in an attagonet with an address.

SIGNATURE:

MIAMI FL 33156

Kathy Hegamyer

2/18/98

701-626-0820

FILED

Mar 16 1998 8:00am

Secretary of State