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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

City & State

DOCUMENT #

H22058

(2)

PIONEER CONSTRUCTIO				
Principal Place of Business	Mailing Address			•
1232 WOODSTOCK DRIVE APOPKA FL 32703	1232 WOODSTOCK DRIVE APOPKA FL 32703			
, , , , , , , , , , , , , , , , , , ,		 Date Incorporated or Qualified 09/21/1984 		te of Last Fleport 04/14/1995
	2a. Mailing Address	4. FEI Number		Applied For
2. Principal Place of Business	- -1 ~	59-2452018		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
Cov. 8 State	City & State	6. Election Campaign Financing		\$5.00 May Be

<u> </u>	9. Name and Address of (Current Registered Age	nt	10. Name and Address of New Hegistered Agent
4	25	29	30	10. Name and Address of New Registered Agent
Zip	Country	Z/p	Country	Florida Statutes Yes No
3		28	Country	8. This corporation has liability for intangible tax under s 199.032
_ City & S	State	City & Sta		Trust Fund Contribution Added to Fees

BALLANTYNE, JOHN 903 NORTH PINE HILLS ROAD ORLANDO FL 32808

intry	This corporation has liability for intargible tax under \$ 193.992. Florida Statutes
1	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
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. Thereby accept the appointment as registered agent. I am

SIGNATURE	grature, typed or printed many, of regulation Layer claims tool in	apperate. (NO)	Figure ad Agent signature remained a	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.	OFFICERS AND DIRE	Crors	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III
ILE	DVT	☐ DELETE	1 1 TITLE	Li Sildings Li Adgini
,ME	FRISH, JOHN D.		1.2 NAME	
REET ADDRESS	1232 WOODSTOCK DRIVE		1.3 STREET ADORESS	
Y-ST-ZIP	APOPKA FL		1.4.C-TY - \$1 - ZIP	Change Addition
t-5:-2ir	DPS	☐ DELETE	2 1 THLE	Change Addition
ME	TRAIL, WILLIS D.		2 2 NAME	
REET ADDRESS	218 S ROSSITER ST		2.3 STREET ADDRESS	
TY-ST-ZIP	MT DORA FL		2.4 CBY - S* _ZIP	Change \(\backsquare\) Addit.
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			5.2 NAME	
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ILE !			6.2 NAME	
AME			6 3 STREET ADDRESS	
TREET ADDRESS			5 4 0 Ft CT 275	

64 City-St-ZiP

14. I do hereby certify that the information supplied with trils 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 cath; 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:

AL JUNE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINE D. FRISH - UICE P

5-1-96 407-886-8003

Applied For Not Applicable