SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J16081** **(8)**

1. Corporation Name
PIONEER CONCRETE TILE, INC.

Principal Place of Business	Mailing Address
% EUGENE A. WIECHENS 445 NE 8TH AVENUE OCALA FL 32670-5346	% EUGENE A. WIECHENS 445 NE 8TH AVENUE OCALA FL 32670-5346

3. Date Incorporated or Qualified: 05/23/1986
3a. Date of Last Report: 01/27/1995
4. FEI Number: 59-2706986 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Pioneer Concrete Tile, Inc.	26 Pioneer Concrete Tile, Inc.
22 Suite, Apt. #, etc: 1340 S.W. 34th Ave.	27 Suite, Apt. #, etc: 1340 S.W. 34th Ave
23 City & State: Deerfield Beach, FL	28 City & State: Deerfield Beach, FL
24 Zip: 33442 25 Country:	29 Zip: 33442 30 Country:

9. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
777 FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, Type or printed name, of New Registered Agent (if one is appointed) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KNOLL, MARGRET		1.2 NAME	Crocker, Ron	
STREET ADDRESS	911 GUSCAVILLA MILLS		1.3 STREET ADDRESS	Level 20, 580 George St.	
CITY-ST-ZIP	CHARLESTOWN W		1.4 CITY-ST-ZIP	Sydney, NSW AU	
TITLE	DVM	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	SJOLUND, CHRISTER		2.2 NAME	Rowe, Douglas	
STREET ADDRESS	3100 SE COUNTY RD 484		2.3 STREET ADDRESS	10650 Poplar Ave	
CITY-ST-ZIP	BELLEVIEW FL		2.4 CITY-ST-ZIP	Fontana, CA 92337	
TITLE	ST	☒ DELETE	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	SJOLUND, CHRISTER		3.2 NAME	Cowan, Pat	
STREET ADDRESS	3100 SE COUNTY RD 484		3.3 STREET ADDRESS	10650 Poplar Ave.	
CITY-ST-ZIP	BELLEVIEW FL		3.4 CITY-ST-ZIP	Fontana, CA 92337	
TITLE		☐ DELETE	4.1 TITLE	AS	☐ Change ☒ Addition
NAME			4.2 NAME	Johnson, David	
STREET ADDRESS			4.3 STREET ADDRESS	1340 S.W. 34th Ave.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		☐ DELETE	5.1 TITLE	AS	☐ Change ☒ Addition
NAME			5.2 NAME	Mattingly, Ron	
STREET ADDRESS			5.3 STREET ADDRESS	800 Gessner, Ste. 100	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Houston, TX 77024	
TITLE		☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME			6.2 NAME	Reid, Gary	
STREET ADDRESS			6.3 STREET ADDRESS	1340 S.W. 34th Ave.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David R. Johnson 7-23-96 (954)421-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117946 CP