**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 # **J28242** **(2)**

1. Corporation Name

**PIONEER PLAZA INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| HWY 80 + LEE ST<br>P.O. BOX 816<br>LABELLE FL 33935<br>US | P.O. BOX 816<br>P.O. BOX 640<br>LABELLE FL 33935<br>US |

3. Date Incorporated or Qualified: **08/12/1986**
3a. Date of Last Report: **06/14/1995**

2. Principal Place of Business
21: 139 Hickpoochee St.
22: Suite, Apt. #, etc.
23: City & State: La Belle, Fl
24: Zip: 33935
25: Country: Hendry

2a. Mailing Address
26: PO Box 816
27: Suite, Apt. #, etc.
28: City & State: La Belle, Fl
29: Zip: 33935
30: Country: Hendry

4. FEI Number: 59-2757748 ☐ 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

9. Name and Address of Current Registered Agent

HARRISON, JOAN B
HWY 80 + LEE ST
P.O. BOX 816
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name: Jack W. Milholland Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 139 Hickpoochee St.
83:
84 City: La Belle FL 85 Zip Code: 33935

11. Pursuant to the provisions of Sections 607.0503 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: Jack W. Milholland VP Jack W. Milholland Jr. 2/22/96
Signature, type or printed name of registered agent and date. (NOTE: Registered Agent signature required when reinstating.) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPST<br>HARRISON, B JOAN<br>13620 BRYNWOOD LANE<br>LABELLE FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>Burt K. Rogers<br>1255 N. Gulfstream Ave. #1005<br>Sarasota, Fl 34236 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VP<br>Jack W. Milholland Jr.<br>3203 Bay Dr.<br>Bradenton, Fl 34207 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | VP<br>Alan M. Elwell<br>2231 Sunnyside Ln.<br>Sarasota, Fl 34239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** Jack W. Milholland VP 2/22/96 941/675-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #