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 # L03317 (9)

1. Corporation Name
PIONEER HEIGHTS, INC.

Principal Place of Business	Mailing Address
6251 PALM VISTA ST PORT ORANGE FL 32124 US	% JAMES J. KEARN 138 LIVE OAK AVE DAYTONA BCH FL 32114 US

3. Date Incorporated or Qualified: 07/20/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 31-1276284 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ____
Suite, Apt. #, etc 22 ____
City & State 23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address 26 ____
Suite, Apt. #, etc 27 ____
City & State 28 ____
Zip 29 ____ Country 30 ____

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

KEARN, JAMES J.
138 LIVE OAK AVE
DAYTONA BCH FL 32114

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 James J. Kearn 11/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, PAUL S.		1.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, PAUL S.		2.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP	
TITLE	V	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, FOSTER		3.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLEMAN, BURLIN		4.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DESKINS, WILLIAM M.		5.2 NAME	
STREET ADDRESS	6521 PALM VISTA ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HURT, JEFF		6.2 NAME	
STREET ADDRESS	6251 PALM VISTA ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL		6.4 CITY-ST-ZIP	

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)(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 changed, or on an attachment with an address.

SIGNATURE: Paul S. Justice 4-25-96 904-760-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)