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

Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9) L03317 PIONEER HEIGHTS, INC. Principal Place of Business Mailing Address **6251 PALM VISTA ST** % JAMES J. KEARN PORT ORANGE FL 32124 138 LIVE OAK AVE DO NOT WRITE IN THIS SPACE DAYTONA BCH FL 32114 3. Date Incorporated or Qualified 07/20/1989 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number 31-1276284 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KEARN, JAMES J 138 LIVE OAK AVE 82 Street Address (P.O. Box Number is Not Acceptable) **DAYTONA BCH FL 32114** 84 85 Zip Code City 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 Statute 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 poligiations of Section 607.0505, Florida Statutes. 12/98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OF IZERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12 DELETE Change Addition TITLE 11 TITLE JUSTICE, PAUL S 1.2 NAME NAME 6251 PALM VISTA ST 1.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE JUSTICE, PAUL S 2.2 NAME NAME 6251 PALM VISTA ST 2.3 STREET ADDRESS STREET ADORESS PORT ORANGE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE ☐ Change TITLE 31 TITLE COLEMAN, BURLIN 3.2 NAME NAME 6251 PALM VISTA ST 3.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE DESKINS, WILLIAM M 4. 2 NAME NAME 6521 PALM VISTA ST 4.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE HURT, JEFF 5.2 NAME NAME 6251 PALM VISTA ST STREET ADDRESS 5.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE **6.1 TITLE** 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an adactive with an address.

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