

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L47624

(6)

1. Corporation Name
PIONEER METALS OF OCALA, INC.

Principal Place of Business

655 SW 15TH ST
OCALA FL 34474
US

Mailing Address

3611 NW 74TH ST
MIAMI FL 33147-5827
US

3. Date Incorporated or Qualified
02/06/1990

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0317180

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

HEGAMYER, WILLIAM H.
511 NORTH MASHTA DRIVE
KEY BISCAYNE FL 33149

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME HEGAMYER, WILLIAM H.
STREET ADDRESS 511 N. MASHTA DRIVE
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE VD
NAME HEGAMYER, LEONORA K.
STREET ADDRESS 511 N. MASHTA DRIVE
CITY- ST- ZIP KEY BISCAYNE FL 33149

TITLE VD
NAME MARTY, DOUGLAS C
STREET ADDRESS 7850 SW 67 TERR
CITY- ST- ZIP MIAMI FL 33143

TITLE VD
NAME HINCKLEY, HARRY D. JR
STREET ADDRESS 6065 ROLLING RD DR
CITY- ST- ZIP MIAMI FL 33156

TITLE T
NAME ROBINSON, CHARLES V
STREET ADDRESS 7845 SW 67TH TERRACE
CITY- ST- ZIP N MAIMI FL

TITLE SD
NAME HEGAMYER, K L
STREET ADDRESS 281 GREENWOOD DR
CITY- ST- ZIP KEY BISCAYNE FL 33149

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21
FILED
Feb 18 1997 8:00am
Secretary of State



CR2E034 (9/96)