

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90025 001 *3,450.00

DOCUMENT # L47624

1. Corporation Name

PIONEER METALS OF OCALA, INC.

Principal Place of Business

1426 NE 8TH AVE
OCALA FL 34470
US

Mailing Address

6501 NW 37TH AVE
MIAMI FL 33167
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1990

4. FEI Number

65-0317180

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**HEGAMYER, WILLIAM H.
511 NORTH MASHTA DRIVE
KEY BISCAVNE 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 ☐ DELETE

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

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

TITLE VD ☐ DELETE
NAME MARTY, DOUGLAS C
STREET ADDRESS 7845 SW 67TH TERRACE
CITY-ST-ZIP MIAMI FL 33143

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

TITLE T ☐ DELETE
NAME ROBINSON, CHARLES V
STREET ADDRESS 1550 NE 123RD ST N-307
CITY-ST-ZIP N MAIMI FL 33161

TITLE SD ☐ DELETE
NAME HEGAMYER, K L
STREET ADDRESS 261 GREENWOOD DR
CITY-ST-ZIP KEY BISCAVNE FL 33149

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Hegamyer

2/25/99

305-696-0830

Date

Daytime Phone #

CR2E034 (11/98)