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(6) FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M03480 (4)  
1. Corporation Name  
PIONEER METALS OF FT. PIERCE, INC.

Principal Place of Business  
900 FARMERS MARKET ROAD  
FT PIERCE FL 34982  
US

Mailing Address  
3611 NW 74TH ST  
MIAMI FL 33147-5827  
US

3. Date Incorporated or Qualified 08/01/1984  
3a. Date of Last Report 02/28/1996

4. FEI Number 59-2430311  
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 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 N. MASHTA DRIVE  
KEY BISCAINE 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 re-stating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

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

TITLE VD ☐ DELETE

NAME HEGAMYER, L.K.  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY-ST-ZIP KEY BISCAINE FL 33149

TITLE VD ☐ DELETE

NAME MARTY, DOUGLAS C.  
STREET ADDRESS 7845 SW 67TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

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

TITLE T ☐ DELETE

NAME ROBINSON, CHARLES V  
STREET ADDRESS 1550 NE 123 ST, N-307  
CITY-ST-ZIP N MIAMI FL 33161

TITLE SD ☐ DELETE

NAME HEGAMYER, K L  
STREET ADDRESS 261 GREENWOOD DR.  
CITY-ST-ZIP KEY BISCAINE 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 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: Kathy Hegamyer Kathy Hegamyer 1/15/97 305-696-0830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)