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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P93000041791 (3) **DOCUMENT** # PIONEER COMPANY OF ORLANDO, INC.

Principal Place of Business

TO MODELL LANDA OFFICE

Mailing Address

SO MODITH LAHIDA STREET

**FILED** Apr 24 1998 8:00am Secretary of State



april 11x 1998

JACKSONVILLE FL 32202 US		JACKSONVILLE FL 32202 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/14/1993				
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			pplied For	
21 1301 Riverplace Blvd. 26 1301 Rive			place Blvd.		59-3190277			lot Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc					5. Certificate of Status Desired			Additional Required	
		Cily & State	& State		6, Election Campaign Financing			\$5.00 May Be	
23 Jacksonville , FL 28 Jacksonvi			lle, FL		Trust Fund Contribution			Added to Fees	
Zip	Country	Z(p	Country		8. This corporation owes or has p			ntangible <b>X</b> No	
24 32207	7   25   USA 9 Name and Address of Curre	129 32207	USA USA	<b>.</b>	Personal Property Tax due Jun- 10. Name and Address of New R			EZ INO	
50 I SUI JAC	( CO North Laura Street Te 3400 Xsonville FL 32202		83 1 84 0	301 Riv 301 City	NOLAW Inc ss (P.O. Box Number is Not Accepta verplace Blvd.			o Code	
office or re agent. I ar	egistered agent, or both, in the Staten tanillar with and accept the obligation of the staten of the	e of Florida Such change was a gations of, Section 607.0505, Florida and title if applicable (NOT	es, the above-hi authorized by th orida Statutes. Vice Preside E Registered Agent s	ie corporation		2/12/	98	s registered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF				
TITLE	DP DIGHTON M	☐ DELETE	1.1 TITLE			L	Change	Addition Addition	
NAME	TOUB, RICHARD N	. 0400	1.2 NAME						
STREET ADDRESS	50 N LAURA STREET, SUITE JACKSONVILLE FL	: 3400	1.3 STREET ADD	ì					
CITY-S1-ZIP	DVT DVT	DELETE	1.4 CITY-ST-Z 2.1 TITLE	(IP			Change	Addition	
TITLE	VAGHADIA, VINOD	E percie	2.1 TITLE 2.2 NAME			<u> </u>	_ onange		
NAME	50 N LAURA STREET, SUITE	3400	23 STREET ADD	ODECC					
STREET ADDRESS	JACKSONVILLE FL	. 0400	2 4 CITY-ST-2						
CITY-ST-ZIP TITLE	S	DELETE	3.1 TITLE	rit.			Change	Addition	
NAME	LAPWOOD, CAROL		3.2 NAME	j			•		
STREET ADDRESS	50 N LAURA STREET, SUITE	3400	3.3 STREET ADI	DRESS					
CITY-ST-ZIP	JACKSONVILLE FL	•	3.4. CITY - ST - 2						
TITLE	AT	☐ DELETE	4.1 THILE				Change	Addition	
NAME	EWING, KEITH		4. 2 NAME						
STREET ADDRESS	604 COURTLAND ST STE 13	38	4.3 STREET ADI	ORESS					
CITY-ST-ZIP	orlando fl		4.4 CITY-ST-Z	(IP					
TITLE		DELETE	5.1 TITLE			_[	Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREET ADI	ORESS					
CITY-ST-ZIP			5.4 CITY- ST- Z	(IP					
THTLE		DELETE	61 TITLE				Change	Addition	
NAME			62 NAME						
STREET ADDRESS			6 3 STREET AD	DRESS					
CITY-ST-ZIP			6.4 CITY-ST-Z	ZIP					
44 Lharabu c	notify that the information europlied	with this filing does not qualify for			ection 119.07(3)(i), Florida Statutes.	I further cert	ify that th	ne information	

Interest certify that the information supplied with this filling 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 of 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 charging, or incomment with an address.