

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 22, 1999 8:00 am  
Secretary of State

03-22-1999 90015 008 \*\*\*150.00

DOCUMENT # P94000029294

1. Corporation Name  
PIONEER HARDWOOD FLOORING INC.

Principal Place of Business

1807 MAIN STREET  
DUNEDIN FL 34698  
US

Mailing Address

1807 MAIN STREET  
DUNEDIN FL 34698  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1994

4. FEI Number

59-3240171

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 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

KRITCH, JOSEPH  
26340 US HWY 19  
SUITE 101  
CLEARWATER FL 34621

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]*  
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	T	<input type="checkbox"/> DELETE
NAME	MALKASIAN, MALCOLM	
STREET ADDRESS	2531 FRISCO DR	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, JASON D	
STREET ADDRESS	2228 RICHTER ST	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FINK, GARY	
STREET ADDRESS	155 KRISTEN COURT, #606	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	FINK, GARY
2.4 CITY-ST-ZIP	2350 CYPRESS POND RD #2413
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PRESIDENT
3.3 STREET ADDRESS	ERICK MALKASIAN
3.4 CITY-ST-ZIP	2531 FRISCO DR.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99

Date

727-724-3862

Daytime Phone #

CR2E034 (11/98)