

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000047058 (0)**

1. Corporation Name

**PIONEER GENERAL, INC.**

Principal Place of Business

**3401-F N.W. 72ND AVENUE  
MIAMI FL 33122**

Mailing Address

**3401-F N.W. 72ND AVENUE  
MIAMI FL 33122**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 **ONE INTERNATIONAL WAY**

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

25 29 **01960** 30

3. Date incorporated or Qualified  
**06/23/1994**

3a. Date of Last Report  
**08/16/1995**

4. FEI Number  
**04-3238450**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, if applicable,

(NOTE: Registered Agent signature required when running delinquent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

11 TITLE ☐ Change ☒ Addition

NAME **PSD  
MALONEY, DAVID W  
7 JAMES AVENUE  
MIDDLETON MA 01949**

12 NAME **DIRECTOR  
ANITA DEXTER  
46 ABBINGTON ROAD  
DANVERS, MA 01923**

TITLE ☒ DELETE

21 TITLE ☐ Change ☐ Addition

NAME **TD  
MALONEY, JANET  
23 EAGLE ROAD  
IDSWICH MA 01938**

TITLE ☒ DELETE

22 NAME ☐ Change ☐ Addition

NAME **D  
FALES, H GORDON  
10305 SW 56TH AVENUE  
CORAL GABLES FL 33156**

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

NAME **D  
APPELL, WARREN  
43 FENNO DRIVE  
ROWLEY MA 01969**

41 TITLE ☒ Change ☐ Addition

TITLE ☒ DELETE

51 TITLE ☐ Change ☐ Addition

NAME **D  
COSTELLO, JOHN V JR  
22 SHEDD LANE  
CHELMSFORD MA 01824**

TITLE ☐ DELETE

61 TITLE ☒ Change ☐ Addition

NAME **D  
MOLONEY, ROBERT M JR  
152 FENNO ROAD  
ROWLEY MA 01969**

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS **PRESIDENT & DIRECTOR  
MALONEY, ROBERT M. JR.  
55 WOODLEST ROAD  
BUXFORD, MA. 01921**

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4-30-96

508 686 1307

Date

Day/Year Printed #

CR2E034 (12/95)