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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017731 (6)

PIONEER AUTO RESTORATION, INC.

Principal Place of Business

Mailing Address

1223 E COMANCHE AVE TAMPA FL 33604 1223 E COMANCHE AVE TAMPA FL 33604-7225

FILED Apr 29 1997 8:00am Secretary of State



1AMPA PL 330	u s	TAMPA PL 33004-7223								
1						3. Date Incorporated or Qualified 02/26/1996	3a. Da	te of La	st Report	
	lace of Business	2a. Mailing Address				4. FEI Number			Applied Fo	or
	22 So. 8th Avenue 26					65-0659316			Not Applic	cable
Sulte, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	П		75 Addition	al	
22		27			b. Certificate of Status Desired		Fe	e Required		
City & State	auchula, FL 28					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country			8. This corporation has liability for in	ntangible	tax und	ler s. 199.03	32.
₂₄ 33873	-2806 ₂₅ Hardee	29	30			Florida Statutes XX	Yes [] No		
	9. Name and Address of Current	Registered Agent			r	10. Name and Address of New Reg	istered A	gent		
)LTZ, STANLEY E			81	Name					
	3 E COMANCHE AVE		ł	82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
TAM	IPA FL 33604		Į							
				83						
			Ì	84	City		FL	85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the ab	OOVE	e-named corp	oration submits this statement for the pu		changi	ng its registe	ered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obtical	of Florida. Such change was : tions of, Section 607,0505. Fl	authorizec orida Stati	d by utes	/ the corporati	oration submits this statement for the pu ion's board of directors. I hereby accep	the appo	ointmen	it as register	red
SIGNATURE										
	Signature, typed or printed name of registered agen		L. Registered	Age	ent signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	D	L DELETE	1.110	LF				∐ Cha	nge 🔲 Ad	idition
NAME	HUNTER, GEORGE R		1.2 NA	ME						;
STREET ADDRESS	5309 S BAYSHORE BLVD		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33611				il - ZiP					
TITLE	D Harrison, don	₩ D DECETE	2.1 1/1					Cha	nge 🗌 Ad	ין מסווונא
NAME	1250 HANO TRAIL		2.2 NA							
STREET ADDRESS	FLGSTAFF AZ 86001	4	2.3 STREET ADDRE							
CITY-ST-ZAP TITLE	D	DELETE			ST-ZIP		Change Addition			(dilion
	SHOLTZ, STANLEY E	- Li percie	3.1 7(1					L Cital	ilge [□ AU	AIILIOII
NAME	1223 E COMANCHE AVE		3.2 NA		I D D C C C C C C C C C C C C C C C C C					ļ
STREET ADDRESS	TAMPA FL 33804				ADORESS					1
CITY-ST-ZIP TITLE	ITAMI A I L 00007	DELETE	3.4. CI 4.1 TIT		ST-ZIP	D		Chai	nge XX Ad	idition
NAME		CJ Section	4.7 M			Thompson, Jeffrey		_	go <u>E</u> 170	SHILLOH
STREET ADDRESS	·		1				500	CC		
CITY-ST-ZIP			4.3 St			3454 Peeples Lane	2			
TITLE		DECETE	5.1 711		01-20	<u>Wauchula, FL 3387</u> D	J	Chai	hA July agn	dition
NAME	- Comme					D Change X Addition Madding, David L.				
STREET ADDRESS					ADORESS	313 Pennsylvania	Aveni	16		
CITY-ST-ZIP			5.4 CITY-\$1-ZIP			Wauchula, FL 33873				
TITLE	DELETE						Change Addition			
NAME			6.2 NA							-
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT							

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 changes open an attachment with an address