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

PROFIT CORPORATION ANNUAL REPORT

1998

21

22

23

24

Zip

Suite, Apt. #, etc

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000017731

PIONEER AUTO RESTORATION, INC.

Country

25

Principal Place of Business Mailing Address 1223 E COMANCHE AVE 122 S BTH AVE WAUCHULA FL 33873-2806 TAMPA FL 33604 2. Principal Place of Business 2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

FILED Apr 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Yes

a. This corporation owes or has paid the current year Intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

02/26/1996 4. FEI Number

65-0659316

5, Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

| <u> </u> | g. Name and Address of Current Re | | 1001 | | 10. Name and Address of | f New Registered Agent | |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------|
| SHOLTZ, STANLEY E 1223 E COMANCHE AVE TAMPA FL 33604 | | | | Name | | | |
| | | | ľ | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | WII 7 (T & 0000) | | [| 33 | | | |
| | | | - 1 | B4 City | | - FL | ip Code |
| office or a | to the provisions of Sections 607,0502 and registered agent, or both, in the State of Fl am familiar with, and accept the obligations | orida. Such change was a | authorized | by the cor | corporation submits this statemen poration's board of directors. I here | of for the purpose of changin eby accept the appointment | g its registered as registered |
| SIGNATURE | Signature, typed or posited name of registered agent and | littu if eorgicalda (NOT | F Registered | Agent signature | e required when reinstaling) | DATE | |
| | | | 13. | Agont agnator | | TO OFFICERS AND DIRECT | ORS IN 12 |
| 12. | D | DELETE | 11 111 | F | ADDITIONO, CITANGEO | Change | |
| NAME | HUNTER, GEORGE R | | 1.2 NA | _ | | | . —. |
| STREET ADDRESS | 5309 S BAYSHORE BLVD | | 1 | EET ADDRESS | | | |
| City-St-ZIP | TAMPA FL 33611 | | 1.4 CIT | Y - ST - ZIP | | | |
| TITLE | D | DELETE | 2.1 TIT | .E | 0 | XX Chan | ge 🔲 Addition |
| NAME | THOMPSON, JEFFREY S | | 2.2 NA | AE | | | |
| STREET ADDRESS | 3454 PEEPLES LANE | | 2.3 STF | EET ADDRESS | | | |
| CHY-ST-ZIP | WAUCHULA FL | | 2. 4 CI | Y-ST-ZIP | | | |
| TITLE | D | DELETE | 3.1 TIT | .E | | Chan | je 🔲 Addition |
| NAME | SHOLTZ, STANLEY E | | 3.2 NA | ME | | | |
| STREET ADDRESS | 1223 E COMANCHE AVE | | 3.3 STF | ieet address | İ | | |
| CITY-ST-ZIP | TAMPA FL 33604 | | 3.4. CI | Y-ST-ZIP | | | |
| TITLE | D . | ☐ DELETE | 4.1 TIT | .E | 0 | △ Chan | ge 🔲 Addition |
| NAME | MADDING, DAVID L | | 4. 2 NA | ME | l | _ | |
| STREET ADDRESS | 313 PENNSYLVANIA AVE | | 4.3 STF | EET ADDRESS | 211 North 8th | | |
| CITY - ST - ZIP | WAUCHULA FL | | | Y-ST-ZIP | Wauchula, FL | 33873-2806 | - Tayania |
| TITLE | | ☐ DELETE | 5.1 TIT | | | Chan | ge [] Addition |
| NAME | | | 5 2 NA | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP | | | _ | Y - ST - ZIP | | Chan | ne Addition |
| TITLE | | DELETE | 6.1 TIT | | | Chan | ge LJ Addition |
| NAME | | | 6 2 NA | ME | | | |

Country

30

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 or an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CICMATIDE.

STREET ADDRESS

CITY-ST-ZIP

04/02/98

941/773-9152