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

DOCUMENT # P9600089548 (7)

PIONEER-KAISER, INC.

Principal Place of Business

11922 HWY US 19 NORTH CLEARWATER FL 34624 US Mailing Address

11922 HWY US 19 NORTH CLEARWATER FL 34626 HS

FILED May 08 1998 8:00am Secretary of State



US		US			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 10/28/1996			
	S4 44th St.N.	2a. Mailing Address	1484 8	M)	4. FEI Number	——————————————————————————————————————	pplied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	7-37.		59-3409032		ot Applicable Additional	
27				5. Certificate of Status Desired		equired		
City & State City & State			(1)		6. Election Campaign Financing	\$5.00	May Be	
20 Clea	water, FL.	28 CIEDI WALE	$N_1 - C$.		Trust Fund Contribution		to Fees	
Zip Country 8. This corporation owes or has paid the current							tangible No	
24 5 3 10 5 25 129 5 3 10 2 30 Personal Property Tax due June 30. Wes Line No. 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent								
LOVELACE, WILLIAM K ESQ B1 Name								
2310 WEST BAY DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)					
LARGO FL 33770			52 Street Address (F.O. Box Number is Not Acceptable)					
			83					
			84 City			85 Zip	Code	
	10 10 000	1007 1500 5: 11 0: 1			FL			
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 as	nd teur if apolicable (NO1E)	Registered Agent signature	required t	when reinstating) DATE			
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIBECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 1/TLE	7	res.	Change	☐ Addition	
NAME	BEAVON, LILY		1.2 NAME		avon. Lilu.			
STREET ADDRESS	451 CENTRAL PARK DRIVE		1.3 STREET ADDRESS	123	154 44th (+ N).			
CITY-ST-ZIP	LARGO FL 33771		1.4 CITY-ST-ZIP	cle	arwater FL 33762			
TITLE	D DELVON BONIES	☐ DELETE	2.1 TITLE	_Vi	ce Pres	Change	Addition	
NAME	BEAVON, RONALD		2.2 NAME	Bec	avon, fongla			
STREET ADDRESS	451 CENTRAL PARK DRIVE LARGO FL 33771		2.3 STREET ADDRESS	133	54 44tb St. N. 3001	_		
CITY-ST-ZIP TITLE	DANGO PL 35//1	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	CIE	earwater, I-c. 33 16	Change	Addition	
Ĭ			3.2 NAME			L Gliange	L KOOIIIOII	
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY-S1-ZIP					
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-S1-ZIP					
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify for	6.4 City-ST-ZIP	d in Se	action 119 07(3)(i) Florida Statutes Lifurther ce	rtify that the	information	
14. Thereby 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 attackment with an address.								