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

DOCUMENT # P98000047985

PIONEER BUSINESS SERVICES, INC.

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90038 032 ***150.00

TIONEEN BOOMESS SERVIS	257 1110		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Principal Place of Business	Mailing Address			(1) B) \$11 19818 18191 18181 B111 1891
3074 KILLARNEY DRIVE	3074 KILLARNEY DRIVE			
PACE FL 32571	PACE FL 32571		DO NOT WRITE IN THIS SPACE	
				IIS SI AGE
			3. Date Incorporated or Qualifed	
	20 Mail on Address		05/28/1998 4 FEI Number	Applied For
2. Principal Place of Business 731 TRAY DR	2a. Mailing Address	DR	59- 3514935	Not Applicable
	26 931 TRAY Suite, Apt. #, etc.	<u>,</u>	3. 33.713	\$8.75 Additional
Suite, Apt. #, etc	<u> </u>		Certificate of Status Desired	Fee Required
City & State	City & State		F. Flastice Compage Financing	\$5.00 May Be
	FL. 28 FT WALTON B	BACH FL	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country	Zip _	Country	This corporation owes the current year	
	□ 2 <i>3<47</i> □	0 054	Personal Property Tax.	☐ Yes ☐ No
<u></u>	of Current Registered Agent	.0, 051	10. Name and Address of New Register	
- Hancond Address	o, eartern regional rigani	81 Name		
CORPORATION SERVICE CO	DMPANY			
1201 HAYS STREET		82 Street A	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-252	25	83		
		84 City		85 Zip Code
44.0	. CO7 0500 d 507 1509 Florida Statutoa	the above earned	corporation submits this statement for the purpose	_ , ,
office or registered agent, or both, in i	the State of Florida. Such change was aut	horized by the corpo	pration's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with, and accept t	the obligations of, Section 607 0505. Florid	ta Statutes		
SIGNATURE			eniered when reinstating) DATE	
Signature, typed or printed name of re 12. OFFI	GERS AND DIRECTORS	tegistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TOTLE D	DELETE	1.17171.5	1.50	☐ Change 🥞 Addition
NEW DODERT	X	1.2 NAME	AARON TUBE 220A CLONERPHIE BLVD.	
AAR	E	3 STREET ADDRESS	220A CLOWED PALE BLUB.	
i i	L			32547
CITY-ST-ZIP PACE FL 32571	☐ DELETE	14 CITY-ST-ZIP 21 TITLE	PIZESIDENT	Change Addition
TITLE	_ outer-c	22 NAME	JUHN SPRIEGS	_ , _,
NAME		i I	431 TRAY IR.	
STREET ADDRESS		2.3 STREET ADDRESS	FT. WALTON BEACH, FL. 31547	
CITY-ST-ZIP	☐ DELETE	2 4 CiTY-ST-ZIP	77. 02.10101 192.11-1,710.1923 17_	Change Addition
TITLE	_ bett,1.	3 · TITLE		
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP	(DELETE	34 CITY-ST-ZiP		Change [Addition]
TITLE	C Gecere	lf		Continue Character
NAME		4 2 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP	- Delete	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETÉ	51 TITLE 52 NAME		Er Grange Er Addition
NAME		11 1		
STREET ADDRESS		5 3 STREET ADDRESS		
C/TY-\$T-ZIP		54 CITY-ST-ZiP		Change C Addition
TITLE	☐ DELETE	61 FITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		64 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 of 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, of an attachment with an address, with all other like empowered.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: