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1995 6-28 95 B-75568 C

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95 JUN 28 AM 9:21

DOCUMENT # S11214 (1)

1. Corporation Name
PIONEER SPORTS, INC.

Principal Place of Business	Mailing Address
8442 S FED HWY PT ST LUCIE FL 34952 US	PO BOX 7628 PT ST LUCIE FL 34952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1990	3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-3042631	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	

2. Principal Place of Business	2a. Mailing Address
21	26 8442 So. Federal Hwy.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Pt. St. Lucie, Fla.
Zip 24 / County 25	Zip 29 34952 / County 30 St. Lucie

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARREN, MAURICE E. 1714 SE AIRES LN PT ST LUCIE FL 34984	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	11 TITLE	☐ Change ☐ Addition
NAME	RILEY, DAVID C.	12 NAME	
STREET ADDRESS	292 S W OAKRIDGE DR	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	WARREN, MAURICE E.	22 NAME	
STREET ADDRESS	1714 S.E. AIRES LANE	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	ROWLEY, JANE	32 NAME	
STREET ADDRESS	1143 S W ITHICA	33 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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 attachment with an address.

SIGNATURE: Maurice E. Warren 4-19- March 1, 1995 407-340-1777

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

Maurice E. Warren, President

0404884 FP