

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morzham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **828498** (6)

1. Corporation Name
H.P. HOOD & SONS, INC.

Principal Place of Business Mailing Address
% TAX DEPT **% TAX DEPT**
P.O. BOX 4833 **P.O. BOX 4833**
SYRACUSE NY 13221 **SYRACUSE NY 13221**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/15/1972** 3a. Date of Last Report **04/19/1994**

4. FEI Number **04-2507140** 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
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T
NAME	SCHAEJBE, ROBERT, E
STREET ADDRESS	60 NEWBURY ST
CITY - ST - ZIP	SOMERVILLE MA
TITLE	PD
NAME	KELLER, ROBERT, L
STREET ADDRESS	31 PHYLIS RD
CITY - ST - ZIP	FOXBORO MA
TITLE	S
NAME	BRAKE, PAMELA D.
STREET ADDRESS	7 PARKVIEW DR.
CITY - ST - ZIP	HINGHAM MA
TITLE	AT
NAME	FRANKENFIELD, MARTIN, P
STREET ADDRESS	8782 BLUE HERON CIRCLE
CITY - ST - ZIP	BALDWINVILLE NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2050 Bauss Road	
2.4 CITY - ST - ZIP	East Greenville PA	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	46 Stetson Road	
3.4 CITY - ST - ZIP	Norwell MA	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	3323 Misty Cove Circle	
4.4 CITY - ST - ZIP	Baldwinsville NY	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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 an attachment with an address.

SIGNATURE: *Martin P. Frankenfield* Martin P. Frankenfield 4-17-95 315-449-7464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Number