FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **846671** **(6)**

1. Corporation Name

ST. ONGE, RUFF & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
617 MARKET STREET YORK PA 17404	617 MARKET STREET YORK PA 17404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/06/1980**	3a. Date of Last Report: **04/28/1994**
4. FEI Number: **23-1310129**	☐ 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 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 the date of signature (NOTE: Registered Agent's signature required when name(s) only)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	D ☐ Change ☒ Addition
NAME	COOKSEY, DAVID L	12 NAME	Schieler, Richard F
STREET ADDRESS	1846 RADNOR RD.	13 STREET ADDRESS	1998 South Street
CITY ST ZIP	YORK PA 17402	14 CITY ST ZIP	York, PA 17404
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, RODGER E	22 NAME	
STREET ADDRESS	351 PINE HILL ROAD	23 STREET ADDRESS	
CITY ST ZIP	YORK PA 17403	24 CITY ST ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	EMSING, JAMES E	32 NAME	
STREET ADDRESS	4145 WOODLYN TERRACE	33 STREET ADDRESS	
CITY ST ZIP	YORK PA 17402	34 CITY ST ZIP	
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	KNISELEY, BURTON W	42 NAME	Kniseley, Burton W. Delete
STREET ADDRESS	1586 CLOVER LANE	43 STREET ADDRESS	Retired 01/95
CITY ST ZIP	YORK PA 17403	44 CITY ST ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	FOREMAN, BARRY E	52 NAME	
STREET ADDRESS	870 TERRACE AVE.	53 STREET ADDRESS	
CITY ST ZIP	MT. JOY PA 17552	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	KENDIG, STUART B	62 NAME	
STREET ADDRESS	3210 RUPPERT RD.	63 STREET ADDRESS	
CITY ST ZIP	YORK PA 17404	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: James E. Emsing James E. Emsing, VP/Treas 03/30/95 (717) 854-3861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0498300 FN