FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 17404-3712

3. Date Incorporated or Qualified: 08/06/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COOKSEY, DAVID L		1.2 NAME		
STREET ADDRESS	1846 RADNOR RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	YORK PA 17402		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, RODGER E		2.2 NAME		
STREET ADDRESS	351 PINE HILL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	YORK PA 17403		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EMSING, JAMES E		3.2 NAME		
STREET ADDRESS	4145 WOODLYN TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	YORK PA 17402		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHIELER, RICHARD F.		4.2 NAME		
STREET ADDRESS	1998 SOUTH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	YORK PA		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOREMAN, BARRY E		5.2 NAME		
STREET ADDRESS	870 TERRACE AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MT. JOY PA 17552		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KENDIG, STUART B		6.2 NAME		
STREET ADDRESS	3210 RUPPERT RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	YORK PA 17404		6.4 CITY-ST-ZIP		

14. I do 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 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 01/21/97 (717) 854-3861

CR2E034 (9/96)