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FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1980**

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	

CR2E034 (10/97)

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 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 VP/Treasurer (717)854-3861