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Jan 24 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 # F95000004495 (6)
1. Corporation Name
ABBOTT & COBB, INC.



Principal Place of Business: 4151 STREET RD, TREVOSE PA 18053
Mailing Address: P. O. BOX 507, FEASTERVILLE PA 18053-0507
307
0307
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3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report: 02/26/1996

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State: FEASTERVILLE, PA
23. Zip: 19053-0307
24. Country: USA

4. FEI Number: 23-1936286
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
BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 _____

12. OFFICERS AND DIRECTORS	
TITLE	CT
NAME	ABBOTT, ARTHUR C
STREET ADDRESS	777 NE HARBOUR DR
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	SD
NAME	ABBOTT, MABEL K
STREET ADDRESS	1115 GEORGE RD
CITY-ST-ZIP	MEADOWBROOK PA 19048
TITLE	D
NAME	ABBOTT, NANCY C
STREET ADDRESS	777 NE HARBOUR DR
CITY-ST-ZIP	BOCA RATON FL 33431
TITLE	VD
NAME	MALLEY, JOHN F
STREET ADDRESS	40 CHEROKEE DR
CITY-ST-ZIP	RICHBORO PA 18954
TITLE	CFO
NAME	KOLINDA, WILLIAM
STREET ADDRESS	509 WASHINGTON AVE
CITY-ST-ZIP	NEWTOWN PA
TITLE	D
NAME	SANVILLE, ROBERT F
STREET ADDRESS	5784 BRADSHAW RD
CITY-ST-ZIP	PIPERSVILLE PA 18947

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *William Kolinda CFO* 1/6/97 215-245-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)