

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P33609** (9)

1. Corporation Name

SHANER OPERATING CORPORATION



Principal Place of Business

Mailing Address

**1617 N FIRST ST
JACKSONVILLE BEACH FL 32250
US**

**303 SCIENCE PARK RD
STATE COLLEGE PA 16803
US**

2. Principal Place of Business

2a. Mailing Address

21 303 N SCIENCE PARK ROAD

26 303 N SCIENCE PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 STATE COLLEGE PA

28
City & State

Zip Country

Zip Country

24 16803-2215 25 US

29 16803-2215 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1991

3a. Date of Last Report

05/01/1995

4. FET Number

16-1379569

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

10. Name and Address of New Registered Agent

**HILL, ROBERT
1617 N. FIRST ST
JACKSONVILLE BEACH FL 32250**

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 607.1503, 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

Signature, typed or printed name of registered agent (see the Florida Statutes) (NOTE: Registered Agent Signature required when registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD
SHANER, LANCE T.**
STREET ADDRESS **303 SCIENCE PARK RD**
CITY-ST-ZIP **STATE COLLEGE PA**

1.1 TITLE **CVD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **303 N SCIENCE PARK ROAD**
1.4 CITY-ST-ZIP **STATE COLLEGE PA 16803-2215**

TITLE ☐ DELETE
NAME **VD
SHANER, FRED J.**
STREET ADDRESS **303 SCIENCE PARK ROAD**
CITY-ST-ZIP **STATE COLLEGE PA**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **303 N SCIENCE PARK ROAD**
2.4 CITY-ST-ZIP **STATE COLLEGE PA 16803-2215**

TITLE ☐ DELETE
NAME **ST
CROSS, PAIGE**
STREET ADDRESS **303 SCIENCE PARK ROAD**
CITY-ST-ZIP **STATE COLLEGE PA**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **303 N SCIENCE PARK ROAD**
3.4 CITY-ST-ZIP **STATE COLLEGE PA 16803-2215**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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:

Paige Cross

Paige Cross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

814-234-4460

DATE

Daytime Phone #

CR2E034 (12/95)