

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90185 021 ***158.75

DOCUMENT # F98000002158

1. Corporation Name
PA GROUP, INC.



Principal Place of Business
**1869 CHARTER LANE
P.O. BOX 10637
LANCASTER PA 17605-0637**

Mailing Address
**1869 CHARTER LANE
P.O. BOX 10637
LANCASTER PA 17605-0637**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

23-2957607

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1755 Oregon Pike

2a. Mailing Address

26 P.O. Box 5200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Lancaster, PA

Zip

24 17601

Country

25 US

City & State

28 Lancaster, PA

Zip

29 17606-5200

Country

30 US

9. Name and Address of Current Registered Agent

**WOLFF, PHILLIP A ESQUIRE
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **FISHER, J H JR**
STREET ADDRESS **1869 CHARTER LANE**
CITY-ST-ZIP **LANCASTER PA 17605-0637**

TITLE **S** ☒ DELETE
NAME **GOSSE, DOUGLAS D JR**
STREET ADDRESS **1869 CHARTER LANE**
CITY-ST-ZIP **LANCASTER PA 17605-0637**

TITLE **T** ☐ DELETE
NAME **JORDAN, DENNIS W**
STREET ADDRESS **1869 CHARTER LANE**
CITY-ST-ZIP **LANCASTER PA 17605-0637**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **FISHER, J. Herbert Jr.**
1.3 STREET ADDRESS **1755 Oregon Pike**
1.4 CITY-ST-ZIP **Lancaster, PA 17601**

2.1 TITLE **T/S** ☒ Change ☐ Addition
2.2 NAME **JORDAN, Dennis W.**
2.3 STREET ADDRESS **1755 Oregon Pike**
2.4 CITY-ST-ZIP **Lancaster, PA 17601**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

J. Herbert Fisher Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999

Date

(717) 519-5200

Daytime Phone #

CR2E034 (11/98)

0546947