

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 27 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 178299 (4)**

1. Corporation Name  
**HARPER MECHANICAL CORPORATION**

Principal Place of Business Mailing Address  
**375 HIGHLAND AVE  
PO BOX 9002  
JENKINTOWN PA 19046-2611  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/16/1954** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-0711627** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, JOHN A.  
5401 BENCHMARK LANE  
SANFORD FL 32771**

81 Name **CRAIG MONTGOMERY**  
82 Street Address (P.O. Box Number is Not Acceptable) **5401 Benchmark Lane**  
83  
84 City **Sanford** FL 85 Zip Code **32773**

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 *Craig Montgomery* 4/17/95 **Craig Montgomery, Director & VP-Sales**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **MARTIN A. KEYSER**  
STREET ADDRESS **4 NORTSHORE CENTER**  
CITY - ST - ZIP **PITTSBURGH PA**

TITLE **VD**  
NAME **POWELL, JOHN A.**  
STREET ADDRESS **5401 BENCHMARK LANE**  
CITY - ST - ZIP **SANFORD FL**

TITLE **TS**  
NAME **GRIFFITH, MARION F., III**  
STREET ADDRESS **5401 BENCHMARK LANE**  
CITY - ST - ZIP **SANFORD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE **D/S**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME **CRAIG MONTGOMERY**  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE **AS/AT**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE **D/VP**  Change  Addition  
4.2 NAME **ALFONSE J. SANTORO**  
4.3 STREET ADDRESS **1401 AVENUE E**  
4.4 CITY - ST - ZIP **RIVIERA BEACH, FL 33404**

5.1 TITLE  Change  Addition  
5.2 NAME **T**  
5.3 STREET ADDRESS **JAMES L. FLECK**  
5.4 CITY - ST - ZIP **4 NORTSHORE CENTER**  
**PITTSBURGH, PA 15212**

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 checked, or on an attachment with an address.

SIGNATURE: *Martin A. Keyser* 4/14/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Martin A. Keyser, Director & Secretary**

412/359-2171