

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **178299** (4)

1. Corporation Name  
**HARPER MECHANICAL CORPORATION**

Principal Place of Business

Mailing Address

**375 HIGHLAND AVE  
PO BOX 8002  
JENKINTOWN PA 19046-2611  
US**

**ATTN: TAX DEPARTMENT  
4 NORTHSORE CENTER  
PITTSBURGH PA 15212  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/16/1954**

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**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 5401 BENCHMARK LANE**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 SANFORD, FL**

**28**

Zip

Country

Zip

Country

**24 32773**

**25 USA**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAIG MONTGOMERY  
5401 BENCHMARK LANE  
SANFORD FL 32773**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DS  
MARTIN A. KEYSER**  
STREET ADDRESS **4 NORTHSORE CENTER**  
CITY- ST- ZIP **PITTSBURGH PA**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VD  
MONTGOMERY, CRAIG**  
STREET ADDRESS **5401 BENCHMARK LANE**  
CITY- ST- ZIP **SANFORD FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **DVP  
SANTORO, ALFONSE J**  
STREET ADDRESS **1401 AVE E**  
CITY- ST- ZIP **RIVIERA BEACH FL**

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **F  
FLECK, JAMES L**  
STREET ADDRESS **4 NORTHSORE CENTER**  
CITY- ST- ZIP **PITTSBURGH PA**

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D  
BOYD, CHARLES L**  
STREET ADDRESS **24535 HALLWOOD COURT**  
CITY- ST- ZIP **FARMINGTON HILLS MI**

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 in an attachment with an address.

SIGNATURE:

**JAMES L FLECK, TREASURER**

**3/24/98 (412) 359-2100**

CR2E034 (10/97)