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

PROFIT



FLORIDA DEPARTMENT OF STATE

	CORPORATION ANNUAL REPORT 1996			Saridra B. M Secretary of DIVISION OF COR		f State							
DOCU 1. Corporati	JMENT :	# 80493	36	(3)									
ARM	ISTRONG W	ORLD INDUSTR	IES, IN	3.									
			·										
Principal Place of Business				Mailing Address									
LIBERTY & CHARLOTTE STREETS				LIBERTY & CHARLOTTE STREETS									
	ER PA 17604	MEETS		LANCASTER PA 1760		.10							
								•	3. Date Incorporated or Qu 08/09/1938	ualified	3a. Da	ate of Last 05/01/1	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number				Applied For
21				26					23-0366390			607	Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Des	sired		•	5 Additional Bequired
City & State				City & State					6. Election Campaign Finan	ncing			00 May Be
23			28			Country			Trust Fund Contribution				led to Fees
Zip 24	Country 25			Zip 29					8. This corporation has liability for intangible tax under s 199.6 Florida Statutes			s 199.032,	
[24]		and Address of Curre		ered Agent	30	- Ţ <i>-</i>		J	10. Name and Address of			d Agent	
						81	Name		The second secon				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						82 Street Addre			s (P.O. Box Number is Not A	cceptab	le)		
						83							
PLAN	ITATION FL 3:	3324				63							
						84	City				F	85	Zip Code
11. Pursuar	nt to the provisio	ns of Sections 607.053	02 and €07	.1508, Florida Statut	es, the al	 oove-r	named co	orporati	on submits this statement for	the pur			s registered office
or regist familiar	tered agent, or k with, and accept	ooth, in the State of Flo t the obligations of, Se	rida. Such ction 607.0	change was authoriz 3505, Florida Statutes	ed by the s.	e corp	oration's	s board	on submits this statement for of directors. I hereby accept	the appo	ointment .	as registeri	ed agent. I am
SIGNATURE			a sa sa sa	mana mana	.i								
12.	Signature, typeo o	r printed name of registered agr OFFICERS A		CONTRACTOR OF STANCE OF ST	Off. Register		l signature r	required w	hen reinstating) ADDITIONS/CHANGES	TO OFF	DATE	ND DIREC	TORS IN 12
TITLE	EVD			DELETE		1 1 TITLE		T				Chang	
NAME		DEAVER, E. A.				1.2 NAME							
STREET ADDRES	STREET ADDRESS 121 WINDOVER TURN			1.35			ADDRESS						
CITY-S1-ZIP		STER PA				CITY-S	T-2IP						
TITLE	D			DELETE		TITLE						☐ Chang	e 🔲 Addition
NAME	SILLS, I	K. A. Endale place				NAME							
STREET ADDRES		STER PA					ADDRESS						
CITY-ST-7IP TITLE	PCD	VILITA	DELETE			2 4 City-St-ZiP 3. 1 TitlE		ļ	AND THE RESIDENCE OF THE PROPERTY OF THE RESIDENCE OF THE PROPERTY OF THE PROP			Chang	e 🔲 Addition
NAME		GEORGE A.				NAME							
STREE1 ADDRES		HELMAN RD					I ADDRESS						
CITY-ST-ZIP		STER PA			3.4	City-s	I - Z IP						
TITLE	SVP			DELETE	4.	1 TITLE	,					Chang	e 🔲 Addition
NAME		WILLIAM J.			4.2	NAME							
STREET ADDRES		RUN LANE			4.3	STREET	ADDRESS						
CITY-ST-ZIP	LANCA	STER PA		E pereze		CITY - S	I - 71P		* · · · · · · · · · · · · · · · · · · ·				. Distance.
TITLE	T	IV OTCOLICE O		☐ DELETE		1 TITLE						Chang	e Addition
NAME		IX, STEPHEN C	r		4	NAME	*nnnnnn						
STREET ADDRES		LLEY STREAM LAN	E				ADDRESS						
CITY-ST-ZIP	WAYNE	. FA			5.4	CITY - S	s I - ZIF'	ı					

14. I do horeby 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

6. 1 TITLE 6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:X

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

> Director, Taxes Director, Taxes

DELETE

4-24-96 (111) 396-3501

Change Addition