

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 # **809134** (0)

1. Corporation Name

H.S. CROCKER COMPANY, INC.



Principal Place of Business

**660 AMERICAN AVE., SUITE 102
KING OF PRUSSIA PA 19406**

Mailing Address

**660 AMERICAN AVE., SUITE 102
KING OF PRUSSIA PA 19406**

3. Date Incorporated or Qualified
11/25/1952

3a. Date of Last Report
06/26/1995

4. FEI Number

94-0411565

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 in print name of registered agent and the corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, R N	
STREET ADDRESS	660 AMERICAN AVE STE 102	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOSS, L, JR	
STREET ADDRESS	660 AMERICAN AVE STE 102	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAUSS, WALTER	
STREET ADDRESS	660 AMERICAN AVE STE 102	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, L A	
STREET ADDRESS	660 AMERICAN AVE STE 102	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAUFFMAN, R.R.	
STREET ADDRESS	660 AMERICAN AVE STE 102	
CITY- ST- ZIP	KING OF PRUSSIA PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMPBELL, STEVE	
STREET ADDRESS	660 AMERICAN AVE STE 102	
CITY- ST- ZIP	KING OF PRUSSIA PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Walter Gauss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)