

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

0547079

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90058 026 \*\*\*150.00

DOCUMENT # **809230**

1. Corporation Name  
**CANNON SLINE, INC.**

Principal Place of Business  
**5600 WOODLAND AVE  
PHILADELPHIA PA 19143  
US**

Mailing Address  
**5600 WOODLAND AVE  
PHILADELPHIA PA 19143  
US**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

**02/23/1953**

4. FEI Number

**23-1268674**

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
TALLAHASSEE FL 32301**

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                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | TRALLO, RALPH A.     |  |
| STREET ADDRESS | 5600 WOODLAND AVENUE |  |
| CITY-ST-ZIP    | PHILADELPHIA PA      |  |
| TITLE          | VTD                  | <input type="checkbox"/> DELETE            |
| NAME           | OLSON, MICHAEL J.    |  |
| STREET ADDRESS | 5600 WOODLAND AVENUE |  |
| CITY-ST-ZIP    | PHILADELPHIA PA      |  |
| TITLE          | C                    | <input type="checkbox"/> DELETE            |
| NAME           | PATRICIA SAUNDERS    |  |
| STREET ADDRESS | 5600 WOODLAND AVENUE |  |
| CITY-ST-ZIP    | PHILADELPHIA PA      |  |
| TITLE          | D                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | QUICK, JOE C         |  |
| STREET ADDRESS | 5600 WOODLAND AVE    |  |
| CITY-ST-ZIP    | PHILADELPHIA PA      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> DELETE            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | PRESIDENT/DIRECTOR          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | ROGER L. GOSSETT            |  |
| 1.3 STREET ADDRESS | 5600 WOODLAND AVE.          |  |
| 1.4 CITY-ST-ZIP    | PHILADELPHIA PA 19143       |  |
| 2.1 TITLE          | VICE PRESIDENT AND CFO/DIR. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | MICHAEL J. OLSON            |  |
| 2.3 STREET ADDRESS | 5600 WOODLAND AVE.          |  |
| 2.4 CITY-ST-ZIP    | PHILADELPHIA PA 19143       |  |
| 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 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:

**PATRICIA SAUNDERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99 (215)729-4600**

Date Daytime Phone #

CR2E034 (11/98)