

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

DOCUMENT # 812407 (5)

95 JAN 25 PM 2:11

1. Corporation Name
ACANDS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**120 NORTH LIME STREET
LANCASTER PA 17602-2951**

Mailing Address
**120 N. LIME ST.
LANCASTER PA 17602
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/18/1957		3a. Date of Last Report 03/08/1994	
4. FEI Number 23-1517682		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City: FL B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, T. E.	1.2 NAME	
STREET ADDRESS	1305 HOMESTEAD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFF, T. H.	2.2 NAME	VICE PRESIDENT
STREET ADDRESS	8 LAUREL DR.	2.3 STREET ADDRESS	DENNIS R. GRAY
CITY-ST-ZIP	NEW HYDE PARK WV	2.4 CITY-ST-ZIP	120 N. LIME ST. LANCASTER PA 17602
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, DAVID F.	3.2 NAME	
STREET ADDRESS	1024 ROBIN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. CHESTER PA	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHOLDER, PHYLLIS W.	4.2 NAME	
STREET ADDRESS	232 MILLER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON PA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, D. T.	5.2 NAME	
STREET ADDRESS	10014 CRAIG DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE MISSION KS	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Phyllis W. Burkholder 1/12/95 717-397-3631
SIGNING AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Phone #)
Phyllis W. Burkholder SECRETARY - TREASURER