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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90133 042 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 815594

1. Corporation Name

C.J. LANGENFELDER & SON, INC.

Principal Place of Business

**8427 PULASKI HIGHWAY
PO BOX 9606
BALTIMORE MD 21237-0606
US**

Mailing Address

**8427 PULASKI HIGHWAY
PO BOX 9606
BALTIMORE MD 21237-0606
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1961

4. FEI Number

52-0552293

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip **25** Country

28 Zip **29** Country

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **JAMES R MATTERS**
STREET ADDRESS **PO BOX 943**
CITY-ST-ZIP **RIDGELY MD**

1.1 TITLE

President

☐ Change ☒ Addition

TITLE **VP** ☐ DELETE
NAME **DAVID G HOWSON**
STREET ADDRESS **907 W 14TH AVE**
CITY-ST-ZIP **COVINGTON LA**

2.1 TITLE

Vice President

☐ Change ☒ Addition

TITLE **V** ☒ DELETE
NAME **EISENHOUR, JR JOHN E**
STREET ADDRESS **801 WILLIMA STREET**
CITY-ST-ZIP **TOWSON MD**

3.1 TITLE

☐ Change ☐ Addition

TITLE **V** ☐ DELETE
NAME **TRESSLER, DALE E.**
STREET ADDRESS **431 FOX CATCHER ROAD**
CITY-ST-ZIP **BEL AIR MD**

4.1 TITLE

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **ELLIOTT, HARRY M.**
STREET ADDRESS **7 TURNBERRY COURT**
CITY-ST-ZIP **LUTHERVILLE MD**

5.1 TITLE

☐ Change ☐ Addition

TITLE **VT** ☐ DELETE
NAME **FINK, JOHN J**
STREET ADDRESS **910 DELRA DR**
CITY-ST-ZIP **FOREST HILL MD**

6.1 TITLE

☐ Change ☐ Addition

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:

John L. Fink

JOHN L. FINK, Vice President 04/21/99

410-682-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)