FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 10 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **840330** **(5)**

1. Corporation Name
FRANK W. HAKE, INC.

Principal Place of Business	Mailing Address
1500 CHESTER PIKE EDDYSTONE PA 19022	1500 CHESTER PIKE EDDYSTONE PA 19022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/03/1978**
3a. Date of Last Report: **06/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **23-1745638** ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	GOHN, PETER	12 NAME	
STREET ADDRESS	2706 BODINE DR	13 STREET ADDRESS	
CITY ST ZIP	WILMINGTON DE	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	RITSERT, MARY I	22 NAME	
STREET ADDRESS	147 HILLDALE RD	23 STREET ADDRESS	
CITY ST ZIP	LANSDOWNE, PA 00000	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	NESTEL, JOSEPH J	32 NAME	
STREET ADDRESS	293 PRISCILLA LANE	33 STREET ADDRESS	
CITY ST ZIP	ALDAN PA	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JAMES M	42 NAME	
STREET ADDRESS	2900 LEESBURG DR	43 STREET ADDRESS	
CITY ST ZIP	MEMPHIS, TN 00000	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	PETRIS, WILLIAM J	52 NAME	
STREET ADDRESS	237 FIFTH AVE	53 STREET ADDRESS	
CITY ST ZIP	CHERRY HILL, NJ 00000	54 CITY ST ZIP	
TITLE	PTD	61 TITLE	☐ Change ☐ Addition
NAME	HAKE II, FRANK W	62 NAME	
STREET ADDRESS	ST PETERS RD	63 STREET ADDRESS	
CITY ST ZIP	POTTSTOWN, PA 00000	64 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)(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.

SIGNATURE: X _____ 4/9/95 610 876 9296
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0397052 FP