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

05-06-1999 90124 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **854840**

1. Corporation Name

P. J. DICK INCORPORATED

Principal Place of Business

Mailing Address

1020 LEBANON ROAD
WEST MIFFLIN PA 15122

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WEST MIFFLIN PA 15122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1982

4. FEI Number

25-1357716

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

21 P.O. Box 98100

Suite, Apt. #, etc.

22

City & State

23 Pittsburgh PA

Zip Country

24 15227 25 USA

2a. Mailing Address

26 P.O. Box 98100

Suite, Apt. #, etc.

27

City & State

28 Pittsburgh PA

Zip Country

29 15227 30 USA

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

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	STD	<input type="checkbox"/> DELETE
NAME	CKARK, STEPHEN M.	
STREET ADDRESS	1046 GRANDVIEW FARMS DR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HECHT, ROBERT G	
STREET ADDRESS	1743 HASTINGS MILL RD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HECHT, JANE D.	
STREET ADDRESS	1243 HASTINGSMILLE RD	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROWE, DIANE B.	
STREET ADDRESS	2119 BLAIRMONT	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROWE, CLIFFORD R.	
STREET ADDRESS	2119 BLAIRMONT	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COCCAGNA, DOMINIC R	
STREET ADDRESS	1350 STOLTZ ROAD	
CITY-ST-ZIP	BETHEL PARK PA 15102	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 442-462-9300

CR2E034 (11/98)