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 MAR 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001595 (8)**

1. Corporation Name
FISHER MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1869 CHARTER LANE LANCASTER PA 17601	1869 CHARTER LANE LANCASTER PA 17601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1993	03/15/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 P.O. BOX 10637	23-2672788	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 LANCASTER PA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 17605-0637 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KIRK PINKERTON, A PROFESSIONAL ASSOCIATION % PHILLIP A. WOLFE, ESQ. 720 S. ORANGE AVENUE SARASOTA FL 34236	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	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, J. HERBERT JR.	1.2 NAME	
STREET ADDRESS	1869 CHARTER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA 17601	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, BETH A	2.2 NAME	
STREET ADDRESS	1869 CHARTER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA 17601	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GOSS, DOUGLAS D	3.2 NAME	
STREET ADDRESS	1869 CHARTER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA 17601	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, DENNIS W	4.2 NAME	
STREET ADDRESS	1869 CHARTER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA 17601	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V. ☐ Change ☒ Addition
NAME		5.2 NAME	DONA L. FISHER
STREET ADDRESS		5.3 STREET ADDRESS	1869 CHARTER LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LANCASTER PA 17601
TITLE		6.1 TITLE	☐ Change ☐ 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 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 addres

SIGNATURE: Robert Fisher Jr. 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488233 FN