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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 09 1997 8:00am Secretary of State

1997 DOCUMENT # F9300001595 (8) FISHER MANAGEMENT COMPANY Principal Place of Business Mailing Address 1869 CHARTER LANE P.O. BOX 10637 LANCASTER PA 17601 **LANCASTER PA 17805-0637** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1993 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 23-2672788 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032. Yes X No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRK PINKERTON, A PROFESSIONAL ASSOCIATION % PHILLIP A. WOLFE, ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 720 S. ORANGE AVENUE **B3** SARASOTA FL 34236 B4 City 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, typical or painted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE ☐ Change ☐ Addition 10150 1 1 TITUE FISHER, J. HERBERT JR. 1.2 NAME **1869 CHARTER LANE** STHUE ACCORESS 1.3 STREET ADDRESS LANCASTER PA 17601 CITY-ST ZIP 1.4 CITY - ST - ZIP X DELETE Change Addition 1:01 2.1 TITLE FISHER, BETH A 1.436 2.2 NAME **1869 CHARTER LANE** STEEL FAILURESS 2.3 STREET ADDRESS **LANCASTER PA 17601** CHY SL ZP 2. 4 CITY-ST-ZIP DELETE Change Addition 118.1 31 TITLE GOSS, DOUGLAS D L/M 32 NAME **1869 CHARTER LANE** 3.3 STREET ADDRESS STREET ADDRESS LANCASTER PA 17601 OBY-51 20 3.4. CITY-ST-ZIP DELETE Dilli 4.1 TITLE Change Addition JORDAN, DENNIS W 4.2 NAME **1869 CHARTER LANE** STREET ADDRESS 4.3 STREET ADDRESS LANCASTER PA 17601 OBY-51-20 4.4 CHTY-ST-ZIP DELETE THEF 5.1 TITLE Change Addition 52 NAME STREET ADDRESS 5.3 STREET ADDRESS GHY S1 20: 5.4 CITY-ST-ZIP DELETE 1.003 6.1 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do he reby 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 armual 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 ghargood, or on an attackment with an address.

SIGNATURE:

CONTINUE BETT OF THE OF SHAME OF FICE OF DIRECTOR

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(717) 399-0200

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