

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 25 AM 10:10**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F93000004557 (5)**

1. Corporation Name

**PENN LINE SERVICE, INC.**

Principal Place of Business

**300 SCOTTSDALE AVE  
SCOTTSDALE PA 15083-240  
US**

Mailing Address

**PO BOX 462 NA  
SCOTTSDALE PA 15083-462  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/11/1993** 3a. Date of Last Report **04/26/1994**

4. FEI Number **25-1000923** 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 has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business

**21 300 SCOTTSDALE AVENUE**

Suite, Apt. #, etc.

**22**  
City & State  
**SCOTTDALE, PA**

Zip Country  
**24 15683-1299**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**  
City & State

Zip Country  
**29 15683-0462**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION  
1200 SOUTH 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>PENN, HENDRICK I III</b>
STREET ADDRESS	<b>PIKE RUN COUNTRY CLUB, PO BOX 189 NA</b>
CITY-ST-ZIP	<b>JONES MILLS PA</b>
TITLE	<b>VSD</b>
NAME	<b>MONGELL, PAUL</b>
STREET ADDRESS	<b>541 E CRAWFORD AVE</b>
CITY-ST-ZIP	<b>CONNELLSVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>ROBERTS, LARRY</b>
STREET ADDRESS	<b>RT 2 BOX 700</b>
CITY-ST-ZIP	<b>MINERAL WELLS WV</b>
TITLE	<b>D</b>
NAME	<b>RESPE, THOMAS C</b>
STREET ADDRESS	<b>RD 1 VOX 106</b>
CITY-ST-ZIP	<b>SMITHTON PA</b>
TITLE	<b>D</b>
NAME	<b>TEATS, ERNEST L</b>
STREET ADDRESS	<b>300 SCOTTSDALE AVENUE</b>
CITY-ST-ZIP	<b>MINERAL SPRINGS PA</b>
TITLE	<b>T</b>
NAME	<b>WISHART, JAMES</b>
STREET ADDRESS	<b>302 SPRUCE ST</b>
CITY-ST-ZIP	<b>SCOTTSDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>PIKE RUN COUNTRY CLUB, PO BOX 189</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>541 E CRAWFORD AVENUE</b>
2.4 CITY-ST-ZIP	<b>CONNELLSVILLE, PA 15425</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>RD 1, BOX 106</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>OLD ROUTE 322</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>SCOTTSDALE, PA</b>
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 110.07(3)(a), Florida Statutes. I further certify that the information included 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, in an attachment with an address.

SIGNATURE:

*[Signature]*

TREASURER

04-18-95

412/887-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #