

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

4-16-96 B-3088 NC

DOCUMENT # F93000004557 (5)

1. Corporation Name
PENN LINE SERVICE, INC.



Principal Place of Business
**300 SCOTTDALE AVENUE
SCOTTDALE PA 15683-1299
US**

Mailing Address
**PO BOX 462 NA
SCOTTDALE PA 15683-0462
US**

3. Date Incorporated or Qualified
10/11/1993

3a. Date of Last Report
04/25/1995

4. FEI Number
25-1000923

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. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip Country

30. Zip Country

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENN, HENDRICK I III	1.2 NAME	
STREET ADDRESS	PIKE RUN COUNTRY CLUB, P.O. BOX 189 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JONES MILLS PA	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONGELL, PAUL	2.2 NAME	
STREET ADDRESS	541 E CRAWFORD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONNELSVILLE PA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LARRY	3.2 NAME	
STREET ADDRESS	RT 2 BOX 700	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINERAL WELLS WV	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESPET, THOMAS C	4.2 NAME	
STREET ADDRESS	RD 1, BOX 106	4.3 STREET ADDRESS	
CITY-ST-ZIP	SMITHTON PA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEATS, ERNEST L	5.2 NAME	
STREET ADDRESS	OLD ROUTE 322	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINERAL SPRINGS PA	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISHART, JAMES	6.2 NAME	
STREET ADDRESS	302 SPRUCE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTDALE PA	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)(k), 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: _____ DATE: **04/10/96** DAYTIME PHONE: **412/887-9110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)