

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/11/1993	3a. Date of Last Report 04/16/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 25-1000923	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 in type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	VD <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LARRY	3.2 NAME	
STREET ADDRESS	RT 2 BOX 700	3.3 STREET ADDRESS	300 SCOTTDALE AVENUE
CITY - ST - ZIP	MINERAL WELLS WV	3.4 CITY - ST - ZIP	SCOTTDALE, PA 15683
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 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.

SIGNATURE: JAMES WISHART **TREASURER** 04/18/97 412/887-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)