

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 SCOTSDALE AVENUE SCOTSDALE PA 15683-1299 US	Mailing Address PO BOX 462 NA SCOTSDALE PA 15683-0462 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 10/11/1993	
4. FEI Number 25-1000923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PENN, HENDRICK I III	
STREET ADDRESS	PIKE RUN COUNTRY CLUB, P.O. BOX 189 N/A	
CITY-ST-ZIP	JONES MILLS PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MONGELL, PAUL	
STREET ADDRESS	541 E CRAWFORD AVENUE	
CITY-ST-ZIP	CONNELLSVILLE PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBERTS, LARRY	
STREET ADDRESS	300 SCOTSDALE AVE	
CITY-ST-ZIP	SCOTSDALE PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RESPET, THOMAS C	
STREET ADDRESS	RD 1, BOX 108	
CITY-ST-ZIP	SMITHTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEATS, ERNEST L	
STREET ADDRESS	OLD ROUTE 322	
CITY-ST-ZIP	MINERAL SPRINGS PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WISHART, JAMES	
STREET ADDRESS	302 SPRUCE ST	
CITY-ST-ZIP	SCOTSDALE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL MONGELL	
1.3 STREET ADDRESS	541 E. CRAWFORD AVE.	
1.4 CITY-ST-ZIP	CONNELLSVILLE, PA 15425	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANK LYNN	
2.3 STREET ADDRESS	1107 W. PITTSBURGH ST.	
2.4 CITY-ST-ZIP	SCOTSDALE, PA 15683	
3.1 TITLE	CHAIRMAN OF THE BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	15683	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	15683	

14. I 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 or 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 in an attachment with an address.

CR2E034 (10/97)