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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90052 006 ***150.00

DOCUMENT # F93000004557

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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, 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
NAME	MONGELL, PAUL
STREET ADDRESS	541 E CRAWFORD AVE
CITY-STATE-ZIP	CONNELLSVILLE PA 15425
TITLE	VD
NAME	MONGELL, PAUL
STREET ADDRESS	541 E CRAWFORD AVENUE
CITY-STATE-ZIP	CONNELLSVILLE PA
TITLE	VD
NAME	ROBERTS, LARRY
STREET ADDRESS	300 SCOTTDALE AVE
CITY-STATE-ZIP	SCOTTDALE PA
TITLE	D
NAME	RESPET, THOMAS C
STREET ADDRESS	RD 1, BOX 106
CITY-STATE-ZIP	SMITHTON PA
TITLE	D
NAME	TEATS, ERNEST L
STREET ADDRESS	OLD ROUTE 322
CITY-STATE-ZIP	MINERAL SPRINGS PA
TITLE	VT
NAME	WISHART, JAMES
STREET ADDRESS	302 SPRUCE ST
CITY-STATE-ZIP	SCOTTDALE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	VP
2.2 NAME	LAWRENCE W. QUIGLEY
2.3 STREET ADDRESS	ROUTE 5, BOX 214
2.4 CITY-STATE-ZIP	CAMERON, WV 26033-9508
3.1 TITLE	CEO
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/99

Date

724/887-9110

Daytime Phone #

CR2E034 (1/98)