

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

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

04-29-1999 90052 006 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F93000004557**

1. Corporation Name  
**PENN LINE SERVICE, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>300 SCOTTDALE AVENUE<br/>         SCOTTDALE PA 15683-1299<br/>         US</b> | Mailing Address<br><b>PO BOX 462 NA<br/>         SCOTTDALE PA 15683-0462<br/>         US</b> |
|---|--|

DO NOT WRITE IN THIS SPACE

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

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

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>         C/O CT CORPORATION<br/>         1200 SOUTH PINE ISLAND ROAD<br/>         PLANTATION FL 33324</b> | 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 <b>FL</b>                                 |

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 \_\_\_\_\_ (NOTICE: 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                       | MONGELL, PAUL                                 | 1.2 NAME  |  |
| STREET ADDRESS             | 541 E CRAWFORD AVE                            | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CONNELLSVILLE PA 15425                        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | MONGELL, PAUL                                 | 2.2 NAME  | LAWRENCE W. QUIGLEY  |
| STREET ADDRESS             | 541 E CRAWFORD AVENUE                         | 2.3 STREET ADDRESS                                    | ROUTE 5, BOX 214   |
| CITY-ST-ZIP                | CONNELLSVILLE PA                              | 2.4 CITY-ST-ZIP                                       | CAMERON, WV 26033-9508   |
| TITLE                      | VD <input type="checkbox"/> DELETE            | 3.1 TITLE   | CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBERTS, LARRY                                | 3.2 NAME  |  |
| STREET ADDRESS             | 300 SCOTTDALE AVE                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | SCOTTDALE PA                                  | 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                      | VT <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 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

724/887-9110

Date

Daytime Phone #

CR2E034 (11/98)