


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

FILED
May 07 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 # **F94000003467 (7)**

1. Corporation Name
H & K INDUSTRIAL SERVICE, INC.

Principal Place of Business 2052 LUCON ROAD SKIPPACK PA 19474 US	Mailing Address PO BOX 681 SKIPPACK PA 19474
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1994

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 23-2761276 Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMBINER, LESLIE H	12 NAME	
STREET ADDRESS	2052 LUNCON RD	13 STREET ADDRESS	
CITY-ST-ZIP	SKIPPACK PA 19474	14 CITY-ST-ZIP	
TITLE	VCV <input type="checkbox"/> DELETE	21 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, JOHN B IV	22 NAME	
STREET ADDRESS	2052 LUNCON RD	23 STREET ADDRESS	
CITY-ST-ZIP	SKIPPACK PA 19474	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBBLEHOUSE, JOHN R	32 NAME	
STREET ADDRESS	2052 LUNCON RD	33 STREET ADDRESS	
CITY-ST-ZIP	SKIPPACK PA 19474	34 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDENZ, HARRY R JR	42 NAME	
STREET ADDRESS	2052 LUNCON RD	43 STREET ADDRESS	
CITY-ST-ZIP	SKIPPACK PA 19474	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	300002521203
CITY-ST-ZIP		54 CITY-ST-ZIP	-05/13/98--01003--047
TITLE	<input type="checkbox"/> DELETE	61 TITLE	***150.00
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in an attachment with an address.