

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005746 (2)

1. Corporation Name

KETTLE CREEK CORP.

Principal Place of Business

**P.O. BOX 47
KEMPTON PA 19529**

Mailing Address

**P.O. BOX 47
KEMPTON PA 19529**

APPROVED
AND
FILED
95 FEB 21 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-2676242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ 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 fee if applicable

Signature, typed or printed name of registered agent and fee if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC
NAME	HAAS, PHILIP C
STREET ADDRESS	P.O. BOX 47 - MAIN ST.
CITY - ST - ZIP	KEMPTON PA 19529
TITLE	DC
NAME	GOODWIN, MARK
STREET ADDRESS	67 BROOKSIDE CT.
CITY - ST - ZIP	BOYERTOWN PA 19512
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed Name

1-24-95 610 756 4344