

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

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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000366 (2)

1. Corporation Name

JERRY CONN ASSOCIATES, INCORPORATED

Principal Place of Business

130 INDUSTRIAL DRIVE
CHAMBERSBURG PA 17201

Mailing Address

130 INDUSTRIAL DRIVE
CHAMBERSBURG PA 17201-3255



3. Date Incorporated or Qualified

01/22/1996

3a. Date of Last Report

1996

4. FEI Number

25-1561094

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SUTER, MARTIN III
2358 SE 50TH TERRACE
OCALA FL 34471

10. Name and Address of New Registered Agent

81. Name

CT Corporation System

82. Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

83.

84. City

Plantation

FL

85. Zip Code

33324

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

Ann J. Williams
Signature typed or printed name of registered agent and title, if applicable

ANN J. WILLIAMS
Assistant Vice President

DATE

2/3/97

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	CARBAUGH, THOMAS P	
STREET ADDRESS	130 INDUSTRIAL DRIVE	
CITY-ST-ZIP	CHAMBERSBURG PA 17201	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHOWALTER, DAVID E	
STREET ADDRESS	130 INDUSTRIAL DRIVE	
CITY-ST-ZIP	CHAMBERSBURG PA 17201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERSUN, BARBARA S	
STREET ADDRESS	130 INDUSTRIAL DRIVE	
CITY-ST-ZIP	CHAMBERSBURG PA 17201	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARBAUGH, GRETCHEN C	
STREET ADDRESS	130 INDUSTRIAL DRIVE	
CITY-ST-ZIP	CHAMBERSBURG PA 17201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Barbara S. Persun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara S. Persun

Date

Daytime Phone #

(717) 263-0258

CR2E034 (9/96)