

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

FILED

Mar 07 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 # F96000004535 (8)

1. Corporation Name  
HOPPER SOLIDAY & CO., INC.



Principal Place of Business  
1703 OREGON PIKE  
PO BOX 4548  
LANCASTER PA 17604-4548

Mailing Address  
1703 OREGON PIKE  
PO BOX 4548  
LANCASTER PA 17604-4548

3. Date Incorporated or Qualified  
09/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23-2474301

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKE, WILLIAM T  
5200 TOWN CENTER CIR #350  
BOCA RATON FL 33488

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 type for public name of registered agent and filer (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	FRYER, ROBERT L JR	
STREET ADDRESS	30 ESHELMAN RD	
CITY- ST- ZIP	LANCASTER PA 17601	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	BURTON, DANIEL B	
STREET ADDRESS	38 OAK HILL DR	
CITY- ST- ZIP	LITITZ PA 17543	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNAN, DONALD D	
STREET ADDRESS	85 ESHELMAN RD	
CITY- ST- ZIP	LANCASTER PA 17601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAND, JAMES	
STREET ADDRESS	1131 COUNTRY CLUB DR	
CITY- ST- ZIP	LANCASTER PA 17601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KINTNER, LAWRENCE R	
STREET ADDRESS	1935 CARLTON PL	
CITY- ST- ZIP	LANCASTER PA 17601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JOSEPH P	
STREET ADDRESS	33 CHATHAM DR	
CITY- ST- ZIP	VOORHEES NJ 08043	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T = TREASURER.
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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SREXP

8/27/97

717-500-2045

CR2E034 (9/96)