

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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/04/1996

4. FEI Number  
23-2474301

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

BURKE, WILLIAM T  
5200 TOWN CENTER CIR #350  
BOCA RATON FL 33486

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

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| 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          | I                    | <input type="checkbox"/> DELETE |
| NAME           | SMITH, JOSEPH P      |                                 |
| STREET ADDRESS | 33 CHATHAM DR        |                                 |
| CITY-ST-ZIP    | VOORHEES NJ          |                                 |

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 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:

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

REQUIRE BY

1/7/98 717-500-3045

CR2E034 (10/97)