OCT-28-97 TUE 05:06 PM CAPITAL CONNECTION 904 561 3415 P.03

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 OCT 30 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J12670

1. Corporation Name
CONCO DEVELOPMENT CORP.

Principal Place of Business
c/o SELECT CAPITAL CORP
P.O. BOX 2034
Mechanicsburg, PA 17055

Mailing Address
c/o SELECT CAPITAL CORP
P.O. BOX 2034
Mechanicsburg, PA 17055

3. Date Incorporated or Qualified: 05/05/1986
3a. Date of Last Report: 05/96
4. FEI Number: 59-2738108 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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
CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301

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: Chris Lynn Boucher, Client Representative for Capital Connection
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	DP	☐ DELETE
NAME	ORTENZIO, JOHN M.	
STREET ADDRESS	4718 OLD Gettysburg Rd.	
CITY-ST-ZIP	Mechanicsburg PA 17055	
TITLE	D	☐ DELETE
NAME	ORTENZIO, ROBERT A.	
STREET ADDRESS	4718 OLD Gettysburg Rd.	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	VD	☐ DELETE
NAME	ORTENZIO, MARTIN J.	
STREET ADDRESS	4718 Old Gettysburg Rd.	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE	ST	☐ DELETE
NAME	ORTENZIO, ANGELA D.	
STREET ADDRESS	4718 Old Gettysburg Rd.	
CITY-ST-ZIP	Mechanicsburg, PA 17055	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	400002340314--6	
1.3 STREET ADDRESS	-11/06/97--01080--001	
1.4 CITY-ST-ZIP	****165.00 ****165.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: ____________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

(09/96)

(2)

Select
Capital Corporation

October 28, 1997

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom it may Concern:

I am writing this letter in response to a phone call I made to the Reinstatement Division of the Florida Department of State on October 28, 1997. They instructed me to write this letter because our office had not received the 1997 Profit Corporation Annual Report nor had we received the second notice . I was also instructed to enclose a check in the amount of $165.00 for the 1997 filing fee since we had not received the proper forms.

Sincerely,

Ruth A. Prall

Ruth A. Prall
Accountant

4718 Old Gettysburg Road P.O. Box 2034 Mechanicsburg, PA 17055 (717) 972-3820 Fax (717) 972-1050