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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P01286

(4)

CUMBERLAND VALLEY INVESTMENTS, INC.

OOMIDE	ICANO TALLET INTLOTIN	1410; IIIO;				8/8/)
Principal Place of Business		Mailing Address	Mailing Address		# FORFER OF FIF OR FOLLOWING STORY SOLD BUILD	OLDIJ BYDY OTBYL OTDY BIDY BIDY ZÓDI
1024 LAURICH DRIVE CHAMBERSBURG PA 17201		1024 LAURICH DRIVE CHAMBERSBURG PA 172	201-9176			
					 Date Incorporated or Qualified 03/20/1984 	3a. Date of Last Report 03/19/1996
		2a. Mailing Address			4. FEI Number	Applied For
· · · · · · · · · · · · · · · · · · ·		26			25-1214091	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		Crty & State		6 Floring Compaign Financing	Fee Required	
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ıntry	8. This corporation has liability for it	
24	25	29	30			Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	jistered Agent
MOP	rrison, fred			81 Name		
1000 W. MAIN STREET				82 Street A	Address (P.O. Box Number is Not Acceptab	le)
LEES	SBURG FL 32749					
				83		
				84 City		85 Zip Code
44 5						- } =L
onice or re	egistered agent, or both, in the Sta rri farmilar with, and accept the obl	ite of Florida. Such change was	: authorize	d by the cord	corporation submits this statement for the p toration's board of directors. I hereby accep	t the appointment as registered
	Signature, typed or printed name of registered	sge card title if applicable. (NC	DTE: Registere	d Agent signature	required when reinstating)	DATE
12.		AND DIRECTORS	13.	***************************************	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PM	☐ DELETE	1.1 Ti	TLE		Change Addition
NAME	NICARRY, RAY L.		1.2 N	AME		
STREET ADDRESS	1024 LAURICH DR.		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	CHAMBERSBURG PA			TY-ST-ZIP		
TITLE	VD	DELETE	2.1 71	TLE	·	Change Addition
NAME	NICARRY, WAYNE A.		2 2 N	1		
STREET ADDRESS	57 APPLE DRIVE			REET ADDRESS		
CITY-ST ZIP	GREENCASTLE PA	Dottere		ITY-ST-ZIP		
TITLE	SD STEEDMAN JOHN D	L) DELETE	3 1 11	1		☐ Change ☐ Addition
NAME CAREET ADERESS	STEERMAN, JOHN D. 581 CENTER DRIVE		3 2 N/	•		
STREET ADDRESS	CHAMBERSBURG PA			REET ADDRESS		
CITY-ST-ZIP TITLE	CHAMBENSBURG FA	☐ DELETE	34 C	ITY-ST-ZIP		Change Addition
NAME		CALL IL	4 2 N			CHANGE CHAUDION
STREET ADDRESS						
				REET ADDRESS		
CITY+ST-ZIP TITLE		DELETE	4.4 CI 5 1 TI	TY-ST-ZIP		Change Addition
NAME			5.2 N/			E orwide E vention
STREET ADDRESS				REET ADDRESS		
CHTY-ST-ZIP				TY-ST-Z#P		
TITLE		DELETE	61 TI		***	Change Addition
NAME			62 N/	i		
STREET ADDRESS				REET ADDRESS		

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

FILED

Jan 17 1997 8:00am

Secretary of State