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FILED

**Feb 28 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 # P02263 (2)
1. Corporation Name
VALK MANUFACTURING COMPANY



Principal Place of Business
~~U.S. RT. 11-
P O BOX 218-
CARLISLE PA 17013-0218-
US~~

Mailing Address
~~U.S. RT. 11-
P O BOX 218
CARLISLE PA 17013-0218
US~~

3. Date Incorporated or Qualified **06/04/1984** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business
21 **66 EAST MAIN STREET**

2a. Mailing Address
26

4. FEI Number **23-1399803** Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
NEW KINGSTOWN, PA

28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **17072-0428** 25 Country **USA**

29 Zip **17013-0218** 30 Country

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

**VALK, RICHARD
1330 PARTRIDGE PLACE NORTH
BOYNTON BEACH 33438**

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALK, RICHARD P.	1.2 NAME	
STREET ADDRESS	66 E MAIN STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW KINGSTOWN PA	1.4 CITY- ST- ZIP	NEW KINGSTOWN, PA 17072-0428
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, ROBERT P	2.2 NAME	
STREET ADDRESS	429 MEETING HOUSE RD	2.3 STREET ADDRESS	
CITY- ST- ZIP	CARLISLE PA	2.4 CITY- ST- ZIP	CARLISLE, PA 17013
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRY, KENNETH C.	3.2 NAME	
STREET ADDRESS	16 ANDES DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MECHANICSBURG PA	3.4 CITY- ST- ZIP	MECHANICSBURG, PA 17055
TITLE	VTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAY, JAMES F.	4.2 NAME	
STREET ADDRESS	9 STEWART DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	CARLISLE PA	4.4 CITY- ST- ZIP	CARLISLE, PA 17013-1765
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALK, TED P.	5.2 NAME	
STREET ADDRESS	1713 OLMSTED WAY W	5.3 STREET ADDRESS	
CITY- ST- ZIP	CAMP HILL PA	5.4 CITY- ST- ZIP	CAMP HILL, PA 17011-8460
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: BY: **VALK MANUFACTURING COMPANY** **JAMES F. HAY** **02/20/97** **717-766-0711**
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)