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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

**FILED** 

Jan 27 1998 8:00am

Secretary of State

VALK	MANUFACTURING CUMPANT						
Principal Plac	o of Pusinger	Molling Address	•			BIN CICIE BIBN BIBN BIBN NABA	
•		Mailing Address					
66 EAST MAIN ST U.S. RT. 11 NEW KINGSTOWN PA 17072-428 P O BOX 218		P O BOX 218					
		CARLISLE PA 17013-218			DO NOT WRITE IN THE	DO NOT WRITE IN THIS SPACE	
		U\$			3. Date Incorporated or Qualified		
					06/04/1984		
2. Principal Place of Business 2e. Mailing Address				4. FEI Number	Applied For		
21 26					23-1399803	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27						Fee Required	
		City & State	State		Election Campaign Financing	\$5.00 May Be	
23 28		Country		Trust Fund Contribution	Added to Fees		
Zip	Country 25	Zip 29 17013-0218 3	<b>–</b>		<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	current year Intangible	
24 17072	9. Name and Address of Current		<del>90</del> 1		10. Name and Address of New Registere		
VAI	LK, RICHARD	. magionis and regions	61	Name	101 transcript Actions of their Hogerton	a rigoni	
1330 PARTRIDGE PLACE NORTH			<u> </u>				
BOYNTON BEACH 33436		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	THICH DESCH CO-100		83				
			84	City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above	e-named corr		-	
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	thorized by	the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	opointment as registered	
•	m lamiliar with, and accept the obliga-	IIONS OI, SECIION 607.0505, FIOR	da Statules	·.			
SIGNATURE	Signature, typed or printed name of registered agen	I and little if applicable (NOTE	Registered Age	nt signature requi	ired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12	
TITLE	CD	DELETE	1.1 TITLE			Change Addition	
NAME	Valk, richard p.		1.2 NAME				
STREET ADDRESS	66 E MAIN STREET		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NEW KINGSTOWN PA 28		1.4 CITY - S	1-ZIP			
TITLE	V	DELETE	2.1 TITLE			Change 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 - S	ST-ZIP			
TITLE	8	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME	SHERRY, KENNETH C.		3.2 NAME				
STREET ADDRESS	18 ANDES DRIVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MECHANICSBURG PA		3.4. CITY- S	IT-ZIP			
TITLE	VID	☐ DELETE	4.1 TITLE		· -	Change . Addition	
NAME	HAY, JAMES F.		4.2 NAME	1			
STREET ADDRESS	9 STEWART DR		4 3 STREET	ADDRESS			
CITY-ST-ZIP	CARLISLE PA 65		4.4 CITY-S	r-zip			
TITLE	PD	☐ DELETE	5.1 TITLE			Change Addition	
NAME	VALK, TED P.		5.2 NAME				
STREET ADDRESS	1713 OLMSTED WAY W		5.3 STREET	ADDRESS			
CITY-ST-ZIP	CAMP HILL PA 60		5.4 CITY - S	I - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME .	1		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
				I			

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.