FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
PENNSYLVANIA FINANCIAL GROUP, INC.

DOCUMENT # P06840 (1)

Mailing Address
270 WALKER DRIVE
P.O. BOX 250
STATE COLLEGE PA 16801

Principal Place of Business
270 WALKER DRIVE
P.O. BOX 250
STATE COLLEGE PA 16801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1986
3a. Date of Last Report: 02/24/1993

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 25-1513551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: $8.75 ☐

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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCNICHOL, ROBERT E. JR.
5650 BRECKENRIDGE DRIVE, STE.115
TAMPA FL 33610

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	P/D	
12 NAME	SZEYLLER, ROBERT A.	
13 STREET ADDRESS	R.D. 4, BOX 30	
14 CITY ST ZIP	BELLEFONTE PA	
21 TITLE	S/D	
22 NAME	MCNICHOL, ROBERT E. JR.	100001475451
23 STREET ADDRESS	2702 WEDGEWOOD DRIVE	-05/04/95--01029--016
24 CITY ST ZIP	PLANT CITY FL	****200.00 ****200.00
31 TITLE	~~T~~	
32 NAME	~~DAVIS, JOHN~~	
33 STREET ADDRESS	~~270 WALKER DRIVE~~	
34 CITY ST ZIP	~~STATE COLLEGE PA~~	
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Robert E. McNichol, Jr. Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR