

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P11852 (1)

1. Corporation Name
PENN-SOTA, INC.



Principal Place of Business
**125 FAIRFIELD AVE.
JOHNSTOWN PA 15906**

Mailing Address
**125 FAIRFIELD AVE.
JOHNSTOWN PA 15906**

3. Date Incorporated or Qualified
10/20/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0997060

Applied For
☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEYANT, RICHARD
2129 RINGLING BLVD.
SARASOTA FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WEYANT, RICHARD
STREET ADDRESS 4012 MAVERICK ST.
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE
NAME WALKER, MILTON
STREET ADDRESS 786 NORTH EDGEWOOD AVE.
CITY-ST-ZIP SOMERSET PA

TITLE VST ☐ DELETE
NAME DRAGOVICH, ANN (ASST.)
STREET ADDRESS 421 FAIRFIELD AVE.
CITY-ST-ZIP JOHNSTOWN PA

TITLE D ☐ DELETE
NAME DRAGOVICH, ANN
STREET ADDRESS 421 FAIRFIELD AVE.
CITY-ST-ZIP JOHNSTOWN PA

TITLE STD ☐ DELETE
NAME SCHONEK, W.E.
STREET ADDRESS 843 FRANCO AVENUE
CITY-ST-ZIP JOHNSTOWN PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

W.E. SCHONEK

4-11-96

(844) 266-8744

CR2E034 (12/95)