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FILED
Mar 27 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 # P19684 (0)

1. Corporation Name
HIGH INDUSTRIES, INC.

Principal Place of Business

1853 WILLIAM PENN WAY
P.O. BOX 10008
LANCASTER PA 17605-7008

Mailing Address

1853 WILLIAM PENN WAY
P.O. BOX 10008
LANCASTER PA 17605-0008



3. Date Incorporated or Qualified 06/17/1988	3a. Date of Last Report 02/05/1996
4. FEI Number 23-1480548	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	HIGH, S. D			11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1537 NEW HOLLAND PIKE			12. NAME	
CITY, ST, ZIP	LANCASTER PA			13. STREET ADDRESS	
TITLE	V	<input checked="" type="checkbox"/> DELETE		14. CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KISSEL, WALTER J.			21. TITLE	
STREET ADDRESS	1444 WYNNEWOOD DR			22. NAME	Vice President
CITY, ST, ZIP	LANCASTER PA			23. STREET ADDRESS	James W. Crowley
TITLE	S	<input type="checkbox"/> DELETE		24. CITY - ST - ZIP	818 Bent Creek Drive Lititz, PA
NAME	GERHART, BETTY J.			31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1929 HEATHERTON DRIVE			32. NAME	
CITY, ST, ZIP	LANCASTER PA			33. STREET ADDRESS	
TITLE	T	<input type="checkbox"/> DELETE		34. CITY - ST - ZIP	
NAME	ESPOSITO, THOMAS R.			41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2370 PARTRIDGE LANE			42. NAME	
CITY, ST, ZIP	LANCASTER PA			43. STREET ADDRESS	
TITLE	VD	<input type="checkbox"/> DELETE		44. CITY - ST - ZIP	
NAME	HIGH, CALVIN G.			51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1909 OLD PHILADELPHIA PK			52. NAME	
CITY, ST, ZIP	LANCASTER PA			53. STREET ADDRESS	
TITLE	D	<input type="checkbox"/> DELETE		54. CITY - ST - ZIP	
NAME	KURTZ, JOHN R.			61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1853 WILLIAM PENN WAY			62. NAME	
CITY, ST, ZIP	LANCASTER PA			63. STREET ADDRESS	
				64. 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, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Esposito 1/17/97 (717) 293-4444
TREASURER Date Daytime Phone #

0498416

CR2E034 (9/96)