

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 17605-7008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-1480548	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
84	City
85	Zip Code

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, S. D	1.2 NAME	
STREET ADDRESS	1537 NEW HOLLAND PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, JAMES W	2.2 NAME	
STREET ADDRESS	818 BENT CREEK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITIZ PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERHART, BETTY J.	3.2 NAME	
STREET ADDRESS	1929 HEATHERTON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, THOMAS R.	4.2 NAME	
STREET ADDRESS	2370 PARTRIDGE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGH, CALVIN G.	5.2 NAME	
STREET ADDRESS	1909 OLD PHILADELPHIA PK	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, JOHN R.	6.2 NAME	
STREET ADDRESS	1853 WILLIAM PENN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	6.4 CITY-ST-ZIP	

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, on an attachment with an address.

CP2E034 (10/97)