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Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90025 043 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P19684

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

3. Date Incorporated or Qualified

06/17/1988

4. FEI Number

23-1480548

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

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  
NAME HIGH, S. D  
STREET ADDRESS 1537 NEW HOLLAND PIKE  
CITY-ST-ZIP LANCASTER PA

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE VP  
NAME CROWLEY, JAMES W  
STREET ADDRESS 818 BENT CREEK DRIVE  
CITY-ST-ZIP LITIZ PA

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE S  
NAME GERHART, BETTY J.  
STREET ADDRESS 1929 HEATHERTON DRIVE  
CITY-ST-ZIP LANCASTER PA

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE T  
NAME ESPOSITO, THOMAS R.  
STREET ADDRESS 2370 PARTRIDGE LANE  
CITY-ST-ZIP LANCASTER PA

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE VD  
NAME HIGH, CALVIN G.  
STREET ADDRESS 1909 OLD PHILADELPHIA PK  
CITY-ST-ZIP LANCASTER PA

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE PD  
NAME HIGH, S. D  
STREET ADDRESS 1537 NEW HOLLAND PIKE  
CITY-ST-ZIP LANCASTER PA

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

THOMAS R. ESPOSITO 1/1/99 (717) 293-4444

CR2E034 (1/198)