

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

FILED

Feb 04 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 # P25634

(7)

1. Corporation Name
ACP HOLDINGS, INC.

Principal Place of Business

5 WEST THIRD STREET
P.O. BOX 472
COUDERSPORT PA 16915

Mailing Address

5 WEST THIRD STREET
P.O. BOX 472
COUDERSPORT PA 16915-0472



3. Date Incorporated or Qualified 08/16/1989	3a. Date of Last Report 02/02/1996
4. FEI Number 25-1607673	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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 fee, 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	RIGAS, JOHN J.	1.2 NAME	
STREET ADDRESS	5 WEST THIRD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, MICHAEL J.	2.2 NAME	
STREET ADDRESS	5 WEST THIRD ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, JAMES P.	3.2 NAME	
STREET ADDRESS	5 WEST THIRD ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	3.4 CITY - ST - ZIP	
TITLE	SDV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIARD, DANIEL R.	4.2 NAME	
STREET ADDRESS	5 WEST THIRD ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	4.4 CITY - ST - ZIP	
TITLE	TDV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGAS, TIMOTHY J.	5.2 NAME	
STREET ADDRESS	5 WEST THIRD ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	5.4 CITY - ST - ZIP	
TITLE	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RANDALL D.	6.2 NAME	
STREET ADDRESS	5 WEST THIRD STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	COUDERSPORT PA	6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

Randall D. Fisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall D. Fisher 1/10/97 (814)274-9830

Date

Daytime Phone #

CR2E034 (9/96)