

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39687 (9)

1. Corporation Name

HOLYOKE COMPANY, INC.



Principal Place of Business

P.O. BOX 1306
SOUTHAMPTON PA 18966

Mailing Address

P.O. BOX 1306
SOUTHAMPTON PA 18966

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

ROBINSON, MILTON
1581 S.W. 16TH STREET
BOCA RATON FL 33486-6536

3. Date Incorporated or Organized

07/20/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

23-2645241

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

10. Name and Address of New Registered Agent

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 607.07(2) and 607.15(9), 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 607.07(5), Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	☐ DELETE
NAME	JACOBSON, DEBRA	
STREET ADDRESS	29 APPLEWOOD COURT	
CITY-STATE-ZIP	HORSHAM PA	
TITLE	S	☐ DELETE
NAME	IVANORS, SOPHIE	
STREET ADDRESS	100 HOLYOKE ROAD	
CITY-STATE-ZIP	RICHBORO PA	
TITLE	VT	☐ DELETE
NAME	JACOBSON, DEBRA	
STREET ADDRESS	29 APPLEWOOD COURT	
CITY-STATE-ZIP	HORSHAM PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	PCD	☒ Change ☐ Addition
NAME	UCHITEL, PHILIP	
STREET ADDRESS	632 SECOND KEY DR	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33304	☐ Change ☐ Addition
TITLE	VT	☒ Change ☐ Addition
NAME	UCHITEL, PHILIP	
STREET ADDRESS	632 SECOND KEY DR	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33304	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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)(g), Florida Statutes. I further certify that the information included 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 person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes, or on an attachment with an address.

SIGNATURE:

Philip Uchitel

PHILIP UCHITEL 3-14-96/215-396-8471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11

Florida Statutes

CR2E034 (12/95)