

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 31 AM 9:11

**DOCUMENT # P40734 (6)**

1. Corporation Name  
**KING AMERICAN, LTD., INC.**

Principal Place of Business <b>3350 WHITEFORD RD. YORK PA 17402</b>	Mailing Address <b>3350 WHITEFORD RD. YORK PA 17402</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>09/09/1992</b>	3a. Date of Last Report <b>03/28/1994</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>23-2473190</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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	<b>FL</b>
	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)


12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>HASH, CHARLES W., SR.</b>
STREET ADDRESS	<b>3350 WHITEFORD RD.</b>
CITY-ST-ZIP	<b>YORK PA</b>
TITLE	<b>D</b>
NAME	<b>TAYLOR, KENNETH R.</b>
STREET ADDRESS	<b>3350 WHITEFORD RD.</b>
CITY-ST-ZIP	<b>YORK PA</b>
TITLE	<b>ST</b>
NAME	<b>ORNDORFF, GARY J.</b>
STREET ADDRESS	<b>3350 WHITEFORD RD.</b>
CITY-ST-ZIP	<b>YORK PA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR/PRESIDENT</b>
2.3 STREET ADDRESS	<b>TAYLOR, KENNETH R.</b>
2.4 CITY-ST-ZIP	<b>3350 WHITEFORD ROAD YORK, PA</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SECRETARY/TREASURER/DIRECTOR</b>
3.3 STREET ADDRESS	<b>ORNDORFF, GARY J.</b>
3.4 CITY-ST-ZIP	<b>3350 WHITEFORD ROAD YORK, PA</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(k), 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:  **GARY J. ORNDORFF, SECRETARY/TREASURER 1/25/95**  
SIGNATURE AND PRINTED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR Date **(717) 757-0000**