

**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 # **P40734** (6)

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



Principal Place of Business: **3350 WHITEFORD RD. YORK PA 17402**  
Mailing Address: **3350 WHITEFORD RD. YORK PA 17402**

2. Principal Place of Business:  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 County  
25  
2a. Mailing Address:  
26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 County  
30  
9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified: **09/09/1992**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **23-2473190**  
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. 190.032, 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  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0607 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office to 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 607.0607, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>HASH, CHARLES W., SR.</b>	
3. STREET ADDRESS	<b>3350 WHITEFORD RD.</b>	
4. CITY, ST, ZIP	<b>YORK PA</b>	
5. TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
6. NAME	<b>TAYLOR, KENNETH R.</b>	
7. STREET ADDRESS	<b>3350 WHITEFORD RD.</b>	
8. CITY, ST, ZIP	<b>YORK PA</b>	
9. TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
10. NAME	<b>ORNDORFF, GARY J.</b>	
11. STREET ADDRESS	<b>3350 WHITEFORD RD.</b>	
12. CITY, ST, ZIP	<b>YORK PA</b>	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

**1000101725.171  
-02/27/96--01075--017  
\*\*\*200.00**

**2-27**

14. I 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)(a), Florida Statutes. I further certify that the information indicated on this certificate and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 attached list with an address.

SIGNATURE: **Gary J. Orndorff Secretary/Treasurer** 2/1/96 (717)757-0000  
SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)