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**Jan 24 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 # 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 17402-9061**

3. Date Incorporated or Qualified: **09/09/1992** 3a. Date of Last Report: **02/27/1996**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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: **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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: HASH, CHARLES W., SR.
STREET ADDRESS: 3350 WHITEFORD RD.	CITY-ST-ZIP: YORK PA
TITLE: PD <input type="checkbox"/> DELETE	NAME: TAYLOR, KENNETH R.
STREET ADDRESS: 3350 WHITEFORD RD.	CITY-ST-ZIP: YORK PA
TITLE: DST <input type="checkbox"/> DELETE	NAME: ORNDORFF, GARY J.
STREET ADDRESS: 3350 WHITEFORD RD.	CITY-ST-ZIP: YORK PA
TITLE: <input type="checkbox"/> DELETE	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: RICHARD S. KAHLBAUGH
1.2 NAME: _____	1.3 STREET ADDRESS: 3350 WHITEFORD ROAD
1.4 CITY-ST-ZIP: YORK, PA 17402	2.1 TITLE: DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: GARY J. ORNDORFF	2.3 STREET ADDRESS: 3350 WHITEFORD ROAD
2.4 CITY-ST-ZIP: YORK, PA 17402	3.1 TITLE: _____
3.2 NAME: _____	3.3 STREET ADDRESS: _____
3.4 CITY-ST-ZIP: _____	4.1 TITLE: _____
4.2 NAME: _____	4.2 STREET ADDRESS: _____
4.3 CITY-ST-ZIP: _____	5.1 TITLE: _____
5.2 NAME: _____	5.2 STREET ADDRESS: _____
5.3 CITY-ST-ZIP: _____	6.1 TITLE: _____
6.2 NAME: _____	6.2 STREET ADDRESS: _____
6.3 CITY-ST-ZIP: _____	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: **GARY J. ORNDORFF** TREASURER 1/14/97 (717) 757-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0000**

CR2E034 (9/96)