


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

FILED

May 08 1997 8:00am
Secretary of State

| | | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000052388 (1) 1. Corporation Name KEPRO SOUTH, INC. | | | |
| Principal Place of Business 4950 W. Kennedy Blvd. Suite 301 Tampa FL 33609-1830 | | Mailing Address 4950 W. Kennedy Blvd. Suite 301 Tampa FL 33609-1830 | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 P.O. Box 8310 | |
| 22 | | 27 | |
| 23 | | 28 Harrisburg, PA | |
| 24 | | 29 17105-8310 | |
| 25 | | 30 USA | |
| 3. Date Incorporated or Qualified 06/19/1996 | | 3a. Date of Last Report 4/6/96 | |
| 4. FEI Number 59-3385947 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent DiNardi, John III 4950 W. Kennedy Blvd. Suite 301 Tampa FL 33609-1830 | | 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 607.0502 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable)</small> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President <input type="checkbox"/> DELETE Donald E. Harrop 130 Fourth Avenue Phoenixville PA | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President <input type="checkbox"/> DELETE Charles Hayes, Jr. 2005 Riverside Avenue Jacksonville, FL | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Chief Executive Officer <input type="checkbox"/> DELETE John DiNardi, III 1030 Canter Court Harrisburg, PA 17111 | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input type="checkbox"/> DELETE Frederick G. Brown, MD North Academy Avenue Danville, PA | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary <input type="checkbox"/> DELETE Marcia Rynearson 8771 Presidents Drive Hummelstown, PA 17036 | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 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 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 1 or Block 1a if changed, or on an attachment with an address. | | 600002182316 -05/19/97--01014--015 ***165.00 | |
| SIGNATURE: <i>Donald E. Harrop</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 4/30/97 717-564-8288 Date Days/mo Phone # | |

CR2E034 (9/96)