

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004495 (6)

1. Corporation Name

ABBOTT & COBB, INC.



Principal Place of Business

Mailing Address

4151 STREET RD
TREVOSÉ PA 19063

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TREVOSÉ PA 19063

3. Date Incorporated or Qualified

3a. Date of Last Report

09/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

23-1936286

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMPSON, LARRY D
1102 N. GADSDEN ST
TALLAHASSEE FL 32302-2368**

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CT	<input type="checkbox"/> DELETE
NAME	ABBOTT, ARTHUR C	
STREET ADDRESS	777 NE HARBOUR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABBOTT, MABEL K	
STREET ADDRESS	1115 GEORGE RD	
CITY-ST-ZIP	MEADOWBROOK PA 19048	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABBOTT, NANCY C	
STREET ADDRESS	777 NE HARBOUR DR	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MALLEY, JOHN F	
STREET ADDRESS	40 CHEROKEE DR	
CITY-ST-ZIP	RICHBORO PA 18954	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HELLAUER, JAMES C	
STREET ADDRESS	1741 THOMAS RD	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANVILLE, ROBERT F	
STREET ADDRESS	5784 BRADSHAW RD	
CITY-ST-ZIP	PIPERSVILLE PA 18947	

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	CFO
5.3 STREET ADDRESS	William Kolanda
5.4 CITY-ST-ZIP	509 Wash. Sq. rd hwy NEWTON, PA 18940
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Kolanda

11/31/96 215-245-6666

Date

Daytime Phone #

CR2E034 (12/95)