

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

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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 # F95000004495 (6)  
1. Corporation Name  
ABBOTT & COBB, INC.



Principal Place of Business: 4151 STREET RD, TREVOSE PA 18053  
Mailing Address: P. O. BOX 507, FEASTERVILLE PA 18053-0507  
*307*  
*0307*  
*=*

3. Date Incorporated or Qualified: 09/18/1995  
3a. Date of Last Report: 02/26/1996

21. Principal Place of Business: Suite, Apt. #, etc.  
22. City & State: FEASTERVILLE, PA  
23. Zip: 19053-0307  
24. Country: USA

4. FEI Number: 23-1936286  
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  
BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
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: CFO	<input type="checkbox"/> DELETE
NAME: KOLINDA, WILLIAM	
STREET ADDRESS: 509 WASHINGTON AVE	
CITY-ST-ZIP: NEWTOWN PA	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SANVILLE, ROBERT F	
STREET ADDRESS: 5784 BRADSHAW RD	
CITY-ST-ZIP: PIPERSVILLE PA 18947	

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 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 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 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: *William Kolinda CFO* 1/6/97 215-245-6666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)