

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807740 (6)

1. Corporation Name

DREHMANN PAVING AND FLOORING COMPANY

Principal Place of Business

Mailing Address

**PHILADELPHIA
PHILADELPHIA PENNSYLVANIA 19116
US**

**2101 BYBERRY ROAD
PHILADELPHIA PENNSYLVANIA 19116**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1948

3a. Date of Last Report

04/27/1994

4. FEI Number

23-0535750

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	MCCORMACK, J.A.
STREET ADDRESS	3342 GURLEY ROAD
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	PD
NAME	VARRA, W F
STREET ADDRESS	12807 MEDFORD RD.
CITY-ST-ZIP	PHILADELPHIA PA 19154
TITLE	VSD
NAME	KLINE, J., J.
STREET ADDRESS	9 WINTHROP DR
CITY-ST-ZIP	DARBY PA 19023
TITLE	TD
NAME	BEJEZUK, MARY F
STREET ADDRESS	205 SO OLDS BLVD
CITY-ST-ZIP	FAIRLESS HILLS PA
TITLE	VPO
NAME	REYNOLDS, CATHERINE E
STREET ADDRESS	6243 TROTTER ST
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	EPD
NAME	FURMAN IV, MORACE S
STREET ADDRESS	574 WHISPERING LAKES BLVD
CITY-ST-ZIP	TARPON SPRINGS FL

1. TITLE		☒ Change ☐ Addition
2. NAME	delete - retired	
3. STREET ADDRESS		
4. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE	correct spelling	☒ Change ☒ Addition
4. NAME	BOJCZUK, MARY F.	
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☒ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☒ Addition
6. NAME		
6. STREET ADDRESS		
6. 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 110.07(1)(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 007, 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

W.F.Varra, President

3-15-95

215-464-7700