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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90185 049 ***150.00

DOCUMENT # 807740

1. Corporation Name					
DREHMANN PAVING AND FLOORING COMPANY					
				L CHOLOU RESIL COLUR LODGE PROGRAMA HARIE BERGEL	ALBIL ALBIL BLAN GARA BULLI IALI
Principal Place of Business Mailing Address					
PHILADELPHIA 2101 BYBERRY ROAD					
	PENNSYLVANIA 19116	PHILADELPHIA PENNSYLVANI	IA 19116	DO NOT WRITE IN THIS	S SPACE
US				3. Date Incorporated or Qualifed	
				11/08/1948	Į.
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		23-0535750	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		T	\$8.75 Additional
22	•	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 .		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25		BO	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Registered	Agent
HNIT	ED STATES CORPORATION CO	OMPANY			
1201 HAYES STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
STE - 105			83		
TALLAHASSEE FL 32301					
			84 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	in 2 and 607 1508 Florida Statutes	the above-named corp	oration submits this statement for the number of	f changing its registered
office or re	existered agent, or both, in the State	e of Florida. Such change was aut	inorized by the corporatio	on's board of directors. I hereby accept the appo	intment as registered
	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	Ja Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VARRA, W F		1.2 NAME		
STREET ADDRESS	12807 MEDFORD RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19154		1.4 CITY-ST-ZIP		
TILE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLINE, J., J.		2.2 NAME		
STREET ADDRESS	9 WINTHROP DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	DARBY PA 19023	FIDELETE	2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE -	EVPD	- "DELETE	3.1 TITLE		~E Change S 7 reduces
NAME	FURMAN IV, HORACE S.		3.2 NAME	•	
STREET ADDRESS	13 GREENWOOD PL		3.3 STREET ADDRESS		•
CITY-ST-ZIP	WYNCOTE PA 19095	☐ DELETE	3.4. C/TY-ST-ZIP		☐ Change ☐ Addition
TITLE	A GOVERNMENT OF STATE		4. 2 NAME		
NAME OTDEET ADDDESS	ASSES TO SERVICE OF SE		4.3 STREET ADDRESS		
STREET ADDRESS	1 E. F. 3 .		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	(31)	. DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

W.F. Varra RPres. SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

215-464-7700