

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 807933

(7)

1. Corporation Name

BENEFICIAL FLORIDA, INC.



Principal Place of Business

ONE CHRISTINA CENTER
301 NORTH WALNUT STREET
WILMINGTON DE 19801

Mailing Address

300 BENEFICIAL CENTER
PEAPACK NJ 07977

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

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1949

3a. Date of Last Report

05/01/1995

4. FEI Number

51-0062574

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HINSON, WAYNE B.
STREET ADDRESS 424 KNIGHTS RUN AVE.
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE VTD
NAME DAWSON, ELIZABETH A.
STREET ADDRESS 301 N. WALNUT ST.
CITY-ST-ZIP WILMINGTON DE ☐ DELETE

TITLE VSD
NAME LEWIS, JANICE L.
STREET ADDRESS 301 N. WALNUT ST.
CITY-ST-ZIP WILMINGTON DE ☐ DELETE

TITLE EVP
NAME KLESSE, RICHARD C.
STREET ADDRESS 200 BENEFICIAL CENTER
CITY-ST-ZIP PEAPACK NJ ☐ DELETE

TITLE VD
NAME MC CUBBINS, RONALD W.
STREET ADDRESS 424 KNIGHTS RUN AVE.
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PRESIDENT, DIRECTOR ☒ Change ☐ Addition
2. NAME MICHAEL J. ROSESKI
3. STREET ADDRESS 434 KNIGHTS RUN AVENUE
4. CITY-ST-ZIP TAMPA, FL 33602

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE ☐ Change ☐ Addition
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE ☐ Change ☐ Addition
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE VICE PRESIDENT, DIRECTOR ☒ Change ☐ Addition
5. NAME FREEMAN W. COX
5. STREET ADDRESS 434 KNIGHTS RUN AVENUE
5. CITY-ST-ZIP TAMPA, FL 33602

6. TITLE ☐ Change ☐ Addition
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP ☐ Change ☐ Addition

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

E. A. DAWSON, VP & TREASURER 3/19/96

DATE

(908) 781-3381

Daytime Phone #

CR2E034 (12/95)