

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Serving the People
Protecting the State
Preserving the Future

**APPROVED
AND
FILED**

20 MAY -1 AM 8:07

DOCUMENT # F94000006151 (4)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

SEAHORSE CARRIER SERVICES, INC.

DO NOT WRITE IN THIS SPACE

**721 CHESTNUT ST
PHILADELPHIA PA 19106**

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PHILADELPHIA PA 19106**

3. Date Incorporated or Qualified 12/01/1994	3a. Date of Last Report
4. FET Number 23-2301813	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 not been organized under the laws of Florida Statutes ☐ Yes ☒ No	

2. Principal Office in Florida 21	2a. Mailing Address 26
22	27
23	28
24	25
29	30

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 implications of Section 607.0505, Florida Statutes.

SIGNATURE _____ **Signature of Registered Agent or Registered Agent's Representative** _____ **Signature of Registered Agent or Registered Agent's Representative** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	CVS COLGAN, DENNIS J JR 12 COVE RD MOORESTOWN NJ 08057	1. TITLE 1. NAME 1. STREET ADDRESS 1. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD ROWLES, DENNIS J 29 PARKDALE PLACE MARLTON NJ 08053	2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD MCLAUGHLIN, BRIAN 3444 HOLYOKE RD PHILADELPHIA PA 19114	3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D COLGAN, DENNIS J III 101 SUSSEX DR CINNAMINSON NJ 08077	4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V TOBIN, THOMAS 2429 S. 4TH ST PHILADELPHIA PA 19140	5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and that I do not qualify for the exemption stated in Sections 139.021-139.021, Florida Statutes. I further certify that the information included on this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I do hereby certify under penalty of perjury that the above is true and correct.

SIGNATURE: *B. McLaughlin* **- TREASURER** **4/26/95** **(215) 038-8674**