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Apr 30 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 # F95000002213 (5)

1. Corporation Name  
BENNER & SONS, INC.



Principal Place of Business  
P.O. BOX 878  
4977 WEST CHESTER PIKE  
EDGE MONT PA 19028

Mailing Address  
P.O. BOX 878  
4977 WEST CHESTER PIKE  
EDGE MONT PA 19028-0878

3. Date Incorporated or Qualified  
05/05/1995

3a. Date of Last Report  
07/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
23-2787593

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BENNER, WALTER R JR  
3117 BROOK DRIVE  
LAKELAND FL 33811

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME BENNER, STEVEN  
STREET ADDRESS 1162 LAKE DRIVE  
CITY - ST - ZIP WEST CHESTER PA 19382

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE  DELETE  
NAME BENNER, SCOTT  
STREET ADDRESS 352 NATHAN HALE ROAD  
CITY - ST - ZIP BERWYN PA 19312

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  DELETE  
NAME BENNER, WALTER R JR  
STREET ADDRESS 3117 BROOK DRIVE  
CITY - ST - ZIP LAKELAND FL 33811

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE  
NAME BENNER, MARK A.  
STREET ADDRESS 1001 CHAMBORD PLACE  
CITY - ST - ZIP WEST CHESTER PA

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  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: *Steven M. Benner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 610-353-4850  
Date Daytime Phone #

CR2E034 (9/96)