

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # F95000002213 (5)**

1. Corporation Name  
**BENNER & SONS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **P.O. BOX 878  
4977 WEST CHESTER PIKE  
EDGEMONT PA 19028**

Mailing Address: **P.O. BOX 878  
4977 WEST CHESTER PIKE  
EDGEMONT PA 19028**

3. Date Incorporated or Qualified  
**05/05/1995**

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)

22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.

23. City & State  
28. City & State

24. Zip (25) Country (29) Zip (30) Country

4. FEI Number: **23-2787593**  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**BENNER, WALTER R JR  
3117 BROOK DRIVE  
LAKELAND FL 33811**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

DELETE

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

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

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

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

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

*Steven M. Benner*

CR2E034 (10/97)