

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90001 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000002213

1. Corporation Name
BENNER & SONS, INC.



Principal Place of Business: P.O. BOX 878, 4977 WEST CHESTER PIKE, EDMONT PA 19028
 Mailing Address: P.O. BOX 878, 4977 WEST CHESTER PIKE, EDMONT PA 19028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/05/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-2787593	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNER, STEVEN			1.2 NAME			
STREET ADDRESS	1162 LAKE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA 19382			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNER, SCOTT			2.2 NAME			
STREET ADDRESS	352 NATHAN HALE ROAD			2.3 STREET ADDRESS	107 Lantoga Rd		
CITY-ST-ZIP	BERWYN PA 19312			2.4 CITY-ST-ZIP	Wayne PA 19087		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNER, WALTER R JR			3.2 NAME			
STREET ADDRESS	3117 BROOK DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33811			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENNER, MARK A.			4.2 NAME			
STREET ADDRESS	1001 CHAMBORD PLACE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEST CHESTER PA			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: Walter R. Benner SIGNATURES REQUIRED: Benner President 8/5/99 610-353-4850

CR2E034 (5/99)

OVER 100 YEARS EXPERIENCE



PAINTING • WALLCOVERING • DRYWALL

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605867-90001-50

P.O. Box 878 • 4977 West Chester Pike • Edgemont, PA 19028-0878 • (610) 353-4850 Fax: (610) 353-2627

E-mail: bennerandsons@erols.com • Web Site: www.bennerandsons.com

August 10, 1999

FL Dept. of State
Division of Corps.
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: '99 Corp. Annual Report
Document #F95000002213

Gentlemen,

Enclosed is our 1999 Corporation Annual Report, along with our check in the amount of \$150.00.

We just received this supposed second notice; however, we never received the first notice. We have always paid all of our bills timely, and we certainly would have no reason to withhold a \$150.00 payment.

Of course, we have no way to prove that we never received the first notice. We have only our professional honor to rely on in this case. Please accept our enclosed check as payment in full on our account, and I will note my calendar for 4/00 to look for next year's report to avoid any future problems.

Thank you for your consideration in this matter.

Sincerely,

BENNER & SONS INC

Valerie White
Controller

/vw

Enclosures