

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 AM 11: 35

DOCUMENT # **P08360 (0)**
1. Corporation Name
HOLMAN ENTERPRISES, INC.

Principal Place of Business 7411 MAPLE AVE. P.O. BOX 1400 PENNSAUKEN NJ 08109	Mailing Address 7411 MAPLE AVE. P.O. BOX 1400 PENNSAUKEN NJ 08109
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/10/1985	3a. Date of Last Report 02/08/1994
4. FEI Number 21-0510247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 2c
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

9. Name and Address of Current Registered Agent
**PARENT, L. E.
911 N.E. SECOND AVE.
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOLMAN, J. S.
STREET ADDRESS	7411 MAPLE AVENUE
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	VD
NAME	PARENT, L. E.
STREET ADDRESS	7411 MAPLE AVENUE
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	CPD
NAME	KOLB, J.W.
STREET ADDRESS	7411 MAPLE AVENUE
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	V
NAME	HERRINGTON, H. H.
STREET ADDRESS	7411 MAPLE AVENUE
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	AST
NAME	COPPOLA, K. T.
STREET ADDRESS	7411 MAPLE AVENUE
CITY - ST - ZIP	PENNSAUKEN NJ
TITLE	S
NAME	ANDREOLA, A. V.
STREET ADDRESS	7411 MAPLE AVENUE
CITY - ST - ZIP	PENNSAUKEN NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VAST COPPOLA, K. T.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information included 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: K.T. Coppola Vice Pres Finance 1/23/95 609.6663.5200
 SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Treasurer

HOLMAN ENTERPRISES

DIRECTORS & OFFICERS

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Director</u>
J. S. Holman 151-14-2649	7411 Maple Ave. Pennsauken, NJ 08109	Chairman of the Board	X
J. P. Holman 140-20-2989	"		X
J. W. Kolb 160-24-7146	"	Vice Chairman of the Board/ President	X
M. K. Holman 157-64-6157	"	Vice Chairman	X
L. E. Parent 004-34-4043	"	Vice President	X
H. H. Herrington 076-38-0543	"	Vice President	
F. J. Lepore 174-32-1049	"	Vice President	
K. T. Coppola 149-38-9572	"	Vice President - Finance/Asst.Sec./ Treasurer	
A. V. Andreola 182-26-7923	"	Secretary	
K. A. Mullin 140-46-9549	"	Asst. Secretary	X