

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

000752

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90112 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P10065**

1. Corporation Name  
**JOHN H. BENNER CO.**



Principal Place of Business 254 DAVIS AVE. P.O. BOX 128 CLIFTON HEIGHTS PA 19018	Mailing Address 254 DAVIS AVE. P.O. BOX 128 CLIFTON HEIGHTS PA 19018
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
--	---

3. Date Incorporated or Qualified <b>05/09/1986</b>	4. FEI Number <b>23-1717441</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BERMAN, PHILIP M.**  
**2424 NORTHEAST 22ND STREET**  
**POMPANO BEACH FL 33062-3099**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNER, JOHN H. III	
STREET ADDRESS	1088 PALMERS MILLS RD.	
CITY-ST-ZIP	MEDIA PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENNER, CARL A.	
STREET ADDRESS	1094 PALMERS MILLS RD.	
CITY-ST-ZIP	MEDIA PA	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BENNER, CARL A JR	
STREET ADDRESS	1076 PALMERS MILL RD	
CITY-ST-ZIP	MEDIA PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BENNER, JEFFREY W	
STREET ADDRESS	2 PHILLIPS LANE	
CITY-ST-ZIP	NEWTOWN SQUARE PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 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, with all other like empowered.

SIGNATURE: Carl A Benner Jr Date: 2/16/99 Daytime Phone #: 610 623 4103

CR2E034 (11/98)