

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093751

Entity Name: GMH CONSTRUCTION COMPANY, INC.**Current Principal Place of Business:**10 CAMPUS BOULEVARD
NEWTOWN SQUARE, PA 19073**Current Mailing Address:**10 CAMPUS BOULEVARD
NEWTOWN SQUARE, PA 19073**FEI Number:** 23-2792053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	HOLLOWAY, GARY M
Address	10 CAMPUS BLVD
City-State-Zip:	NEWTOWN SQUARE PA 19073

Title	AVP, ASST. SECRETARY
Name	CARDAMONE, ANTHONY J
Address	10 CAMPUS BLVD
City-State-Zip:	NEWTOWN SQUARE PA 19073

Title	VP
Name	HOLLOWAY, JR., GARY M
Address	10 CAMPUS BOULEVARD
City-State-Zip:	NEWTOWN SQUARE PA 19073

Title	TREASURER
Name	DIGIUSEPPE, ROBERT
Address	10 CAMPUS BOULEVARD
City-State-Zip:	NEWTOWN SQUARE PA 19073

Title	AVP, SECRETARY
Name	ASALI, JAMES T
Address	10 CAMPUS BOULEVARD
City-State-Zip:	NEWTOWN SQUARE PA 19073

Title	AVP
Name	SMITH, DUSTY
Address	10 CAMPUS BOULEVARD
City-State-Zip:	NEWTOWN SQUARE PA 19073

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T ASALI

ASST. VP / SECRETARY

04/05/2019

Electronic Signature of Signing Officer/Director Detail_____
Date