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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000264 (9)

1. Corporation Name

BUNKOFF GENERAL CONTRACTORS, INC.



Principal Place of Business

PO BOX 12339
ALBANY NY 12212

Mailing Address

PO BOX 12339
ALBANY NY 12212-2339

3. Date Incorporated or Qualified

01/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 790 WATKINSET - SHAKER RD.

2a. Mailing Address

26 P.O. Box 1197

4. FEI Number

14-1726297

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

LATHAM, NEW YORK

28 City & State

LATHAM, NEW YORK

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

12110

Country

ALBANY

29 Zip

12110

Country

ALBANY

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature of typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME BUNKOFF, RICHARD A
STREET ADDRESS 7 CHRIS DR.
CITY-STATE-ZIP NISKAYUNA NY 12309

1.1 TITLE VICE PRESIDENT
1.2 NAME DENNIS FRANKLIN
1.3 STREET ADDRESS 102 GRONCEMIAN ROAD
1.4 CITY-STATE-ZIP STILLWATER, NEW YORK 12170

TITLE V
NAME WALLACE, JAMES D
STREET ADDRESS 28 CRAMER PATH
CITY-STATE-ZIP GANSEVOORT NY 12831

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

TITLE S
NAME BUNKOFF, DELORES L
STREET ADDRESS 7 CHRIS DR.
CITY-STATE-ZIP NISKAYUNA NY 12309

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

TITLE T
NAME CZIRR, CHARLES W
STREET ADDRESS 33 TIMBER DR.
CITY-STATE-ZIP WATERFORD NY 12188

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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:

CHARLES W. CZIRR, TREASURER 4/28/97 518-286-8166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498114

CR2E034 (9/96)