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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000000264 (9)

BUNKOFF GENERAL CONTRACTORS, INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 790 WATERVLIET-SHAKER RD P.O. BOX 1197 LATHAM NY 12110 LATHAM NY 12110 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 790 WATERVLIET-SHAKER RD. 14-1726297 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing LATHAM N.Y. 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 2110 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 RA City 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, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition 1.1 TITLE TITLE **BUNKOFF. RICHARD A** NAME 1.2 NAME CR2E034 7 CHRIS DR. STREET ADDRESS 1.3 STREET ADDRESS **NISKAYUNA NY 12309** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE WALLACE, JAMES D NAME 2.2 NAME **28 CRAMER PATH** STREET ADDRESS 2.3 STREET ADDRESS **GANSEVOORT NY 12831** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BUNKOFF, DELORES L NAME 3.2 NAME 7 CHRIS DR. STREET ADDRESS 3.3 STREET ADDRESS **NISKAYUNA NY 12309** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition TITLE 4.1 TITLE CZIRR, CHARLES W NAME 4. 2 NAME 33 TIMBER DR. STREET ADDRESS 4.3 STREET ADDRESS WATERFORD NY 12188 CfTY-ST-ZIP 4.4 CITY - ST - ZIP DELETÉ Change Addition TITLE 5.1 TITLE FRANKLIN, DENNIS NAME 5.2 NAME 102 GRONCZNIAK RD STREET ADDRESS 5.3 STREET ADDRESS STILLWATER NY CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 ecciver 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 a state of the corporation of the corporatio

518-788-8666