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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004326

1. Corporation Name
C & S ENGINEERS, INC.

Principal Place of Business

Mailing Address

1099 AIRPORT BLVD
N SYRACUSE NY 13212

1099 AIRPORT BLVD
N SYRACUSE NY 13212

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/23/1996

4. FEI Number

13-5318940

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
CALOCERINOS, EMANUEL J
5000 SADDLEBROOK DR
FAYETTEVILLE NY 13068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MACMURRAY, ORRIN B
8311 DIXON RD
CAMDEN NY 13316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DAUSMAN, DEL B
8232 TURNSTONE DR
MANLIUS NY 13104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
PECKHAM, RONALD L
4018 PAWNEE RD
LIVERPOOL NY 13090

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEWEY, LOWELL B
156 PRATT ST
E AURORA NY 14052

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
5000 SADDLEBROOK DR
FAYETTEVILLE NY 13068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DB. MacMurray Jan. 14, 1999 315-455-2000

Date

Daytime Phone #

CR2E034 (11/98)