

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

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**DOCUMENT # F96000005917 (7)**

1. Corporation Name  
**ANTHONY DEMARCO AND SONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **6501 ISLAND RD CICERO NY 13039**  
Mailing Address: **6501 ISLAND RD CICERO NY 13039-9714**

3. Date Incorporated or Qualified: **11/13/1996**  
3a. Date of Last Report  
4. FEJ Number: **16-1396158**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**MERRILL, ROSEMARY  
497 BYWOOD AVE  
SEBASTIAN FL 32958**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>CP</b>	<input type="checkbox"/>
NAME	<b>DEMARCO, ANTHONY A</b>	
STREET ADDRESS	<b>204 W. MAIN ST</b>	
CITY-ST-ZIP	<b>ELBRIDGE NY 13060</b>	
TITLE	<b>VCV</b>	<input type="checkbox"/>
NAME	<b>DEMARCO, ANTHONY W</b>	
STREET ADDRESS	<b>204 W. MAIN ST</b>	
CITY-ST-ZIP	<b>ELBRIDGE NY 13060</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DEMARCO, RUTH</b>	
STREET ADDRESS	<b>204 W. MAIN ST</b>	
CITY-ST-ZIP	<b>ELBRIDGE NY 13060</b>	
TITLE	<b>STD</b>	<input type="checkbox"/>
NAME	<b>DEMARCO, JOHN M</b>	
STREET ADDRESS	<b>204 W. MAIN ST</b>	
CITY-ST-ZIP	<b>ELBRIDGE NY 13060</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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\*\*\*165.00 \*\*\*165.00

SC  
8-14-97

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: *Anthony Demarco* 7-31-97

CR2E034 (9/96)

(2)

07/29/97

DIVISION OF CORPORATIONS  
ANNUAL REPORT SECTION  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

ENCLOSED IS A PAYMENT OF \$165.00 FOR THE ANNUAL FEE. PER PHONE CONVERSATION WITH YOUR REPRESENTATIVE, I AM WRITING TO EXPLAIN THE TARDINESS OF THIS REPORT. THIS WAS OUR FIRST YEAR DOING BUSINESS IN THE STATE OF FLORIDA, WE STARTED AT THE END OF NOVEMBER 1996. WE DID NOT RETURN TO NEW YORK UNTIL AFTER THE 05/01/97 DATE. THE ANNUAL REPORT WAS MAILED TO OUR NEW YORK ADDRESS BUT NO ONE WAS THERE TO RECEIVE IT.

UPON OUR RETURN, WE TOOK ALL OUR TAX RELATED MAIL OVER TO OUR ACCOUNTANT. BUT SINCE WE WERE ON EXTENTION FOR OUR TAX RETURNS IN NEW YORK, OUR ACCOUNTANT JUST STARTED ON OUR TAXES DURING THE MONTH OF JUL97. IT WAS THEN THAT HE DISCOVERED THAT THERE WAS AN ANNUAL REPORT DUE FOR FLORIDA, WHICH WE ARE NOW MAILING. BECAUSE OF THESE CIRCUMSTANCES YOUR REPRESENTATIVE STATED THAT FLORIDA WOULD WAIVE THE PENALTY OF \$385.00.

THANK YOU FOR YOUR CONSIDERATION !

SINCERELY YOURS;

*Anthony A. De Marco*  
ANTHONY A. DEMARCO  
PRESIDENT