

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90010 017 \*\*\*150.00

0123563

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000005917 ✓  
 1. Corporation Name

ANTHONY DEMARCO AND SONS, INC.



Principal Place of Business: 6501 ISLAND RD, CICERO NY 13039  
 Mailing Address: 6501 ISLAND RD, CICERO NY 13039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1996

4. FEI 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 owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt. #: 22  
 City & State: 23  
 Zip: 24, Country: 25

2a. Mailing Address: 26  
 Suite, Apt. #: 27  
 City & State: 28  
 Zip: 29, Country: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input type="checkbox"/> DELETE
NAME	DEMARCO, ANTHONY A	
STREET ADDRESS	204 W. MAIN ST	
CITY-ST-ZIP	ELBRIDGE NY 13060	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	DEMARCO, ANTHONY W	
STREET ADDRESS	204 W. MAIN ST	
CITY-ST-ZIP	ELBRIDGE NY 13060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMARCO, RUTH	
STREET ADDRESS	204 W. MAIN ST	
CITY-ST-ZIP	ELBRIDGE NY 13060	
TITLE	STO	<input type="checkbox"/> DELETE
NAME	DEMARCO, JOHN M	
STREET ADDRESS	204 W. MAIN ST	
CITY-ST-ZIP	ELBRIDGE NY 13060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Anthony Demarco Pres* 07/30/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

CD2444-90010-17  
F96000008917

07/30/99

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

ENCLOSED IS MY PAYMENT OF \$150.00 FOR THE ANNUAL CORPORATION  
TAX FOR 1998.

I AM A FARMER AND A NEW YORK BASED CORPORATION , AND FROM  
DECEMBER 1998 TO THE END OF APRIL 1999, I WAS IN FLORIDA DOING  
FARMING FOR THAT TIME PERIOD. THE FIRST NOTICE WHICH WAS SENT TO  
MY ACCOUNTANT IN NY IN ERROR, HE NEVER RECEIVED. I AM NOW SENDING  
MY PAYMENT WITH SECOND NOTICE, AND I ASK FOR YOUR FORGIVENESS OF  
THE PENALTY.

THANKS FOR YOUR CONSIDERATION !

SINCERELY YOURS;

*Anthony Demarco*

ANTHONY DEMARCO  
PRESIDENT