

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04920 (5)

1. Corporation Name

CENTRAL LOCATING SERVICE, LTD. CORPORATION

Principal Place of Business

6489 RIDINGS RD.
SYRACUSE NY 13206

Mailing Address

6489 RIDINGS RD.
SYRACUSE NY 13206

3. Date Incorporated or Qualified
02/06/1985

3a. Date of Last Report
07/07/1995

4. FEI Number
16-1183920

Applied For
Not Applicable

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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
CORPORATION FL 33324

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
COON, WILLIAM
4351 CEDARVALE ROAD
SYRACUSE NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LANZAFAME, SAMUEL J.
425 ELIZABETH ST.
ONEIDA NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
MULROY, JOHN H
25 W MAIN ST
MARCELLUS NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ORR, JOHN C
127 TERRANCEVIEW
DEWITT NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWLER, DONALD J
209 THORNTON CIRCLE
CAMILLUS NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
HAMILTON, DONALD L
4964 ELGIN DRIVE
SYRACUSE NY

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

DECLASED

700001742617
-03/14/96--01016--003
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

Date

Daytime Phone

315 437 4444

CR2034 (12/95)