

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:04

DOCUMENT # P27021 (5)

1. Corporation Name

ROBERT FALLONE, INC.

Principal Place of Business

237 FISHER RD.
ROCHESTER NY 14624

Mailing Address

237 FISHER RD.
ROCHESTER NY 14624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/21/1989

3a. Date of Last Report

06/20/1994

4. FEI Number

16-0959474

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

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, DOUGLAS A.
149-F SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32117

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-registering

N/A

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	FALLONE, ROBERT
STREET ADDRESS	237 FISHER ROAD
CITY - ST - ZIP	ROCHESTER NY
TITLE	V
NAME	FALLONE, HONORE
STREET ADDRESS	237 FISHER ROAD
CITY - ST - ZIP	ROCHESTER NY
TITLE	S
NAME	FALLONE, JOSEPH
STREET ADDRESS	51 FOREST MEADOW TRAIL
CITY - ST - ZIP	ROCHESTER NY
TITLE	VP
NAME	FALLONE, GRACE
STREET ADDRESS	237 FISHER ROAD
CITY - ST - ZIP	ROCHESTER NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☐ Change ☒ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	14624
5. TITLE	☐ Change ☒ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	14624
9. TITLE	☐ Change ☒ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	14624
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	14624
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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 110.07(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 registered agent 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, on an annual report or supplemental report.

SIGNATURE: X *Robert Fallone*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3/28/95
1-716-247-7908