

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P41152 (0)

1. Corporation Name

NORTH PARK CONSTRUCTION, INC.

Principal Place of Business

**654 THOMAS AVENUE
ROCHESTER NY 14617**

Mailing Address

**654 THOMAS AVENUE
ROCHESTER NY 14617**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

16-1424790

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**

9. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**D'ARPINO, JOHN A.
2780 N.E. 8TH CT.
POMPANO BEACH FL 33062**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	D'ARPINO, JOHN ANGELO
STREET ADDRESS	19 BANEERRY WAY
CITY - ST - ZIP	HILTON NY
TITLE	VP
NAME	D'ARPINO, ANTONIO
STREET ADDRESS	654 THOMAS AVENUE
CITY - ST - ZIP	ROCHESTER NY
TITLE	S
NAME	D'ARPINO, ANGELO
STREET ADDRESS	654 THOMAS AVENUE
CITY - ST - ZIP	ROCHESTER NY
TITLE	T
NAME	D'ARPINO, ANNA
STREET ADDRESS	654 THOMAS AVENUE
CITY - ST - ZIP	ROCHESTER NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

John A. D'Arpino Pres **JOHN A. D'ARPINO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(716) 392-7779

Telephone (Area #)