

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000019127

**Entity Name:** FUCCILLO AFFILIATES OF FLORIDA, INC.**Current Principal Place of Business:**10524 U.S. RT. 11  
P.O. BOX 69  
ADAMS, NY 13605**Current Mailing Address:**P. O. BOX 69  
ADAMS, NY 13605 US**FEI Number: 27-2039649****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARGANO, ANTHONY J  
8695 COLLEGE PARKWAY  
SUITE 201  
FORT MYERS, FL 33919 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	FUCCILLO, WILLIAM B. JR.
Address	10524 U.S. RT. 11 P.O. BOX 69
City-State-Zip:	ADAMS NY 13605

Title	S
Name	BACHAR, CHRISTINE C.
Address	10524 U.S. RT. 11 P.O. BOX 69
City-State-Zip:	ADAMS NY 13605

Title	T
Name	FUCCILLO, WILLIAM B. JR.
Address	10524 U.S. RT. 11 P.O. BOX 69
City-State-Zip:	ADAMS NY 13605

Title	D
Name	FUCCILLO, WILLIAM B. JR.
Address	10524 U.S. RT. 11 P.O. BOX 69
City-State-Zip:	ADAMS NY 13605

Title	VP
Name	FUCCILLO, WILLIAM B. JR.
Address	10524 U.S. RT. 11 P.O. BOX 69
City-State-Zip:	ADAMS NY 13605

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM B. FUCCILLO, JR.****PRESIDENT****04/19/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date