

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 686066 (2)

1. Corporation Name
ARBOUR CONSTRUCTION COMPANY, INC.

Principal Place of Business
C/O LOUIS A MOORE
2840 LINCOLN ST
HOLLYWOOD FL 33020

Mailing Address
C/O LOUIS A MOORE
2840 LINCOLN ST
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8140 SW 106 Place Suite, Apt. #, etc. 22 City & State 23 Ocala FL 24 Zip 34481 25 Country Marion		2a. Mailing Address 26 8140 SW 106 Place Suite, Apt. #, etc. 27 City & State 28 Ocala FL 29 Zip 34481 30 Country Marion		3. Date Incorporated or Qualified 09/02/1980	
4. FEI Number 59-2026197		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Name and Address of New Registered Agent 81 Name MOORE, LOUIS A 82 Street Address (P.O. Box Number is Not Acceptable) 8140 SW 106 Place 83 84 City Ocala FL 85 Zip Code 34481	

9. Name and Address of Current Registered Agent
MOORE, LOUIS A
2840 LINCOLN ST
HOLLYWOOD FL 33020-0834

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]* DATE 4-1-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	MOORE, LOUIS A	1.2 NAME	MOORE, LOUIS A
STREET ADDRESS	2840 LINCOLN ST	1.3 STREET ADDRESS	8140 SW 106 Place
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	Ocala FL 34481
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE 4-1-98

CR2E034 (10/97)