


FILED
Jan 30, 2006 8:00 am
Secretary of State

DOCUMENT # J91696 1. Entity Name A.R.B.C. CORPORATION	
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Principal Place of Business	Mailing Address
5645 STRAND BLVD NAPLES, FL 34110 US	5645 STRAND BLVD NAPLES, FL 34110 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0004732	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		Name
CONROY, J. THOMAS		Street Address
2640 GOLDEN GATE PKWY		City
SUITE 115		State
NAPLES, FL 34105		Zip

7. Name and Address of New Registered Agent

P.O. Box Number is Not Acceptable)

VANDERBILT Beach Rd Suite 201
P.O. Box 34109 FL Zip Code 34109

SIGNATURE _____ DATE 1/14/26
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating)

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TYRE, RONALD C 5645 STRAND BLVD. NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT GLOBETTI, JOHN 5645 STRAND BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRAUSBAUGH, TODD 5645 STRAND BLVD NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: John Lobette, President 1-25-06 239-597-1120