

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04670**

1. Entity Name  
**FLORIDA PUBLIC COMMUNICATIONS, INC.**



Principal Place of Business

**4150 KIDRON ROAD  
LAKELAND, FL 33811**

Mailing Address

**4150 KIDRON ROAD  
LAKELAND, FL 33811**



05082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2959340**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MELLON, REGIS  
3050 CREWS LAKE ROAD  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000952759  
06/05/08-80001-012 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
MELLON, REGIS  
3050 CREWS LAKE RD  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
YARHABACH, JERRY  
10425 SW 51ST LN.  
GAINESVILLE, FL 32608**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:**

*Regis Mellon*

*Regis Mellon*

*5/8/08*

Date

*563-  
644-5558*

Daytime Phone #