

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066358 (9)

1. Corporation Name

SERVICE CABLE ELECTRIC, INC.



Principal Place of Business

Mailing Address

**2161 GLENWOOD DRIVE
WINTER PARK FL 32792**

**2161 GLENWOOD DRIVE
WINTER PARK FL 32792**

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 120 University Park Dr

26 120 University Park Dr

59-3353193

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 290

Suite, Apt. #, etc.

27 Suite 290

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☒ Yes

☐ No

City & State

23 Winter Park, FL

City & State

28 Winter Park, FL

Zip

24 32792

Country

25 USA

Zip

29 32792

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCRUGGS, ANTHONY KEITH
2161 GLENWOOD DRIVE
WINTER PARK FL 32792**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

120 University Park Dr.

83.

Suite 290

84.

City Winter Park

FL

85. Zip Code
32792

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, the taxpayer,

and the registered agent, or both, as required when recording.

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ DELETE
NAME **ANTHONY K. SCRUGGS**
STREET ADDRESS **120 UNIVERSITY PARK DR. SUITE 290**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **JOSEPH RUBISAK** ☐ DELETE
NAME **V. PRES.**
STREET ADDRESS **7044 STAPLETON CT.**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 119.07(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony K. Scruggs

6/3/96

407-677-1140

Date

Daytime Phone #

CR2E034 (12/95)