

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

FILED

Mar 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000099369 (6)

1. Corporation Name  
ARBOR COMMUNICATIONS, INC.

Principal Place of Business  
3472 COMO ST  
PORT CHARLOTTE FL 33948

Mailing Address  
3472 COMO ST  
PORT CHARLOTTE FL 33948-1737



3. Date incorporated or Qualified  
12/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 3472 Como St

Suite, Apt. #, etc.

2a. Mailing Address

26 3472 Como St.

Suite, Apt. #, etc.

4. FEI Number

65-0710820

Applied For

Not Applicable

22 City & State

23 PT. CHARLOTTE, FL

Zip

24 33948

Country

25 USA

27 City & State

28 PT. CHARLOTTE, FL

Zip

29 33948

Country

30 USA

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

9. Name and Address of Current Registered Agent

SCRUGGS, DAVID  
3472 COMO ST  
PORT CHARLOTTE FL 33948

10. Name and Address of New Registered Agent

81 Name DAVID C. SCRUGGS  
82 Street Address (P.O. Box Number is Not Acceptable)  
3472 Como St.  
83  
84 City PT. CHARLOTTE FL 85 Zip Code 33948

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

DAVID C. SCRUGGS, REG. AGENT

3/14/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT, SEC. TREAS, DIR	DAVID C. SCRUGGS	3472 COMO ST.	PT. CHARLOTTE, FL 33948	<input type="checkbox"/>
DIRECTOR	RICHARD L. MOORE	6721 THERA DR	SARASOTA, FL 34241	<input type="checkbox"/>
DIRECTOR	LISA W. MOORE	6721 THERA DR.	SARASOTA, FL 34241	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	2.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	3.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	4.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	5.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP<td>Change</td><td>Addition</td></td>	6.4 CITY-ST-ZIP <td>Change</td> <td>Addition</td>	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 applicable, or on an attachment with an address.

SIGNATURE:

DAVID C. SCRUGGS, PRES 3/14/97 941-764-7340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0008260

CR2E034 (9/96)