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Mar 14 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 # **343893** **(4)**

1. Corporation Name
DATACOM, INC.

Principal Place of Business	Mailing Address
651 ANCHORS ST FT WALTON BEACH FL 32548	P O BOX 278 FT WALTON BEACH FL 32549-0278 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **04/02/1969**
3a. Date of Last Report: **04/05/1996**
4. FEI Number: **59-1234737** ☐ Applied For ☐ Not Applicable
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

SOMERSET, ROBERT D.
651 ANCHORS ST.
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	HASKINS, JAMES M		1.2 NAME	SIMS, WILLIAM B., JR.	
STREET ADDRESS	30 CASWELL CIRCLE		1.3 STREET ADDRESS	101 JUDDUTH CT.	
CITY-ST-ZIP	MARY ESTHER, FL 00000		1.4 CITY-ST-ZIP	FT. WALTON BEACH, FL	
TITLE	V	☐ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	CROXTON, LARRY L		2.2 NAME	ARCEMONT, EDWARD L.	
STREET ADDRESS	60 MEMORIAL DR		2.3 STREET ADDRESS	115 SCOTSDALE	
CITY-ST-ZIP	FT WALTON BCH, FL 00000		2.4 CITY-ST-ZIP	MARY ESTHER, FL	
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, JAMES E		3.2 NAME		
STREET ADDRESS	1353 BURMA COVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOMERSET, ROBERT D		4.2 NAME		
STREET ADDRESS	626 W SUNSET BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH, FL 00000		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RINGLEY, JACKIE R		5.2 NAME		
STREET ADDRESS	111 LAKE FRONT DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WARNER ROBINS GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: _____ 3/10/97 904-244-6121