

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

FILED
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
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DOCUMENT # **343893**

(4)

1. Corporation Name
DATACOM, INC.

Principal Place of Business
**651 ANCHORS ST
FT WALTON BEACH FL 32548**

Mailing Address
**P O BOX 278
FT WALTON BEACH FL 32549-0278
US**



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

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

(NOTE: Registered Agent signature required when reappointing)

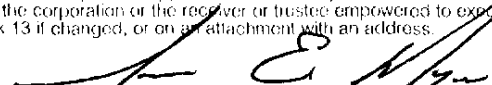
DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	HASKINS, JAMES M
STREET ADDRESS	30 CASWELL CIRCLE
CITY-ST-ZIP	MARY ESTHER, FL 00000
TITLE	V
NAME	CROXTON, LARRY L
STREET ADDRESS	60 MEMORIAL DR
CITY-ST-ZIP	FT WALTON BCH, FL 00000
TITLE	ST
NAME	MYERS, JAMES E
STREET ADDRESS	1353 BURMA COVE
CITY-ST-ZIP	GULF BREEZE, FL 00000
TITLE	PD
NAME	SOMERSET, ROBERT D
STREET ADDRESS	626 W SUNSET BLVD
CITY-ST-ZIP	FT WALTON BCH, FL 00000
TITLE	VD
NAME	RINGLEY, JACKIE R
STREET ADDRESS	111 LAKE FRONT DRIVE
CITY-ST-ZIP	WARNER ROBINS GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1: TITLE	☐ Change ☒ Addition
12 NAME	V SIMS, WILLIAM B., JR.
13 STREET ADDRESS	101 JUDUTH CT.
14 CITY-ST-ZIP	FT. WALTON BEACH, FL
2:1 TITLE	☐ Change ☒ Addition
22 NAME	ARCEMENT, EDWARD L.
23 STREET ADDRESS	115 SCOTSDALE
24 CITY-ST-ZIP	MARY ESTHER, FL
3:1 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4:1 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5:1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6:1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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

CR2E034 (9/96)