

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
651 ANCHORS ST
FT WALTON BEACH FL 32548

Mailing Address
P O BOX 278
FT WALTON BEACH FL 32548
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1969

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

ANTHONY J. SKEETE

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

651 ANCHORS ST.

83

84 City

FORT WALTON BEACH FL

85 Zip Code

32548

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.

Anthony J. Skeete / PD

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME HASKINS, JAMES M
STREET ADDRESS 90 CASWELL CIRCLE
CITY-ST-ZIP MARY ESTHER, FL 00000
☒ DELETE

TITLE V
NAME CROXTON, LARRY L
STREET ADDRESS 80 MEMORIAL DR
CITY-ST-ZIP FT WALTON BCH, FL 00000
☒ DELETE

TITLE ST
NAME MYERS, JAMES E
STREET ADDRESS 1353 BURMA COVE
CITY-ST-ZIP GULF BREEZE, FL 00000
☐ DELETE

TITLE PD
NAME SOMERSET, ROBERT D
STREET ADDRESS 628 W SUNSET BLVD
CITY-ST-ZIP FT WALTON BCH, FL 00000
☒ DELETE

TITLE VD
NAME RINGLEY, JACKIE R
STREET ADDRESS 111 LAKE FRONT DRIVE
CITY-ST-ZIP WARNER ROBINS GA
☒ DELETE

TITLE V
NAME SIMS, WILLIAM B. J
STREET ADDRESS 101 JUDDUTH CT
CITY-ST-ZIP FT WALTON BEACH FL
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME ANTHONY J. SKEETE
1.3 STREET ADDRESS 1913 CATAMARAN DR.
1.4 CITY-ST-ZIP NAVARRE, FL 32566
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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.

James E. Myers / ST

4/27/98 850-244-6121

CR2E034 (10/97)