FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -6 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005232 (4)

1. Corporation Name
NATCOM, INCORPORATED

Principal Place of Business	Mailing Address
5422 CARRIER DRIVE SANDLAKE WEST PHASE IV, STE IV ORLANDO FL	5422 CARRIER DRIVE SANDLAKE WEST PHASE IV, STE IV ORLANDO FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 05/01/1994

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 — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 64-0777064 ☐ 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

CARROLL, KEVIN J
227 S. CALHOUN STREET
TALLAHASSEE FL 32301

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 _____ DATE
(Signature, typed or printed name of registered agent and the date as above) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE		☐ Change ☐ Addition
NAME	BHAGAT, JAI	12 NAME		
STREET ADDRESS	155 ROLLING MEADOWS	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	KERN, BEN	22 NAME		
STREET ADDRESS	1002 DOGWOOD	23 STREET ADDRESS		
CITY-ST-ZIP	CLINTON MS	24 CITY-ST-ZIP		
TITLE	VDST	31 TITLE		☒ Change ☐ Addition
NAME	DAVIS, CRAIG E	32 NAME	Delete completely	
STREET ADDRESS	106 CAVITO DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS	34 CITY-ST-ZIP		
TITLE		41 TITLE	V	☐ Change ☒ Addition
NAME		42 NAME	Steve Kern	
STREET ADDRESS		43 STREET ADDRESS	31 River Birch Circle	
CITY-ST-ZIP		44 CITY-ST-ZIP	Madison, MS. 39110	
TITLE		51 TITLE	S/T	☐ Change ☒ Addition
NAME		52 NAME	Tim Lincoln	
STREET ADDRESS		53 STREET ADDRESS	829 W. Lake Dolcory	
CITY-ST-ZIP		54 CITY-ST-ZIP	Jackson, MS. 39212	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I 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)(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 with an indication for an addition, deletion or change.

SIGNATURE: [signature] Tim Lincoln 2/28/95 601-352-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062104 CP