

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005232 (4)

1. Corporation Name

NATCOM, INCORPORATED



Principal Place of Business

5422 CARRIER DRIVE
SANDLAKE WEST PHASE IV. STE IV
ORLANDO FL

Mailing Address

5422 CARRIER DRIVE
SANDLAKE WEST PHASE IV. STE IV
ORLANDO FL

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

64-0777064

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

25

Country

29

Zip

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME BHAGAT, JAI
STREET ADDRESS 155 ROLLING MEADOWS
CITY-STATE-ZIP JACKSON MS ☒ DELETE

TITLE PD
NAME KERN, BEN
STREET ADDRESS 1002 DOGWOOD
CITY-STATE-ZIP CLINTON MS ☐ DELETE

TITLE V
NAME KERN, STEVE
STREET ADDRESS 31 RIVER BIRCH CIRCLE
CITY-STATE-ZIP MADISON MS ☐ DELETE

TITLE ST
NAME LINCOLN, TIM
STREET ADDRESS 828 W LAKE DOLLERY
CITY-STATE-ZIP JACKSON MS ☐ DELETE

TITLE V/D
NAME KERN, KAY
STREET ADDRESS 1002 DOGWOOD
CITY-STATE-ZIP CLINTON, MS. ☐ DELETE

TITLE V/D
NAME TURNER, SCOTT
STREET ADDRESS 317 LOMA DEL SOL DRIVE
CITY-STATE-ZIP DAYTON, FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)