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PROFIT CORPORATION ANNUAL REPORT
1997

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

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 32819-8394

3. Date Incorporated or Qualified: **11/17/1993**
3a. Date of Last Report: **03/05/1996**

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

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

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 _____ (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	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KERN, KAY		12 NAME		
STREET ADDRESS	1002 DOGWOOD		13 STREET ADDRESS		
CITY-ST-ZIP	CLINTON MS		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	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	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	KERN, STEVE		32 NAME		
STREET ADDRESS	31 RIVER BIRCH CIRCLE		33 STREET ADDRESS		
CITY-ST-ZIP	MADISON MS		34 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LINCOLN, TIM		42 NAME		
STREET ADDRESS	828 W LAKE DOLLERY		43 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		44 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	TURNER, SCOTT		52 NAME		
STREET ADDRESS	317 LOMA DEL SOL DRIVE		53 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: _____ Tim Lincoln 3/4/97 601-991-9411