

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am
Secretary of State

0015124

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **7500 Commerce Center Dr**

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **ORLANDO, FL**

27 City & State

28 **as 2.**

Zip

24 **32819**

Country

25 **USA**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **KERN, KAY**
STREET ADDRESS **1002 DOGWOOD**
CITY-ST-ZIP **CLINTON MS**

TITLE **PD** ☐ DELETE

NAME **KERN, BEN**
STREET ADDRESS **1002 DOGWOOD**
CITY-ST-ZIP **CLINTON MS**

TITLE **VD** ☐ DELETE

NAME **KERN, STEVE**
STREET ADDRESS **81 RIVER BIRCH CIRCLE**
CITY-ST-ZIP **MADISON MS**

TITLE **STD** ☐ DELETE

NAME **LINCOLN, TIM**
STREET ADDRESS **828 W LAKE DOLLERY**
CITY-ST-ZIP **JACKSON MS**

TITLE **VD** ☐ DELETE

NAME **TURNER, SCOTT**
STREET ADDRESS **317 LOMA DEL SOL DRIVE**
CITY-ST-ZIP **DAVENPORT FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE **Tim Lincoln** **7/29/98** **601-991-9411**

CR2E034 (5/98)