

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90014 041 ***550.00

DOCUMENT # **F93000005232**

Corporation Name

NATCOM, INCORPORATED

Principal Place of Business

100 COMMERCE CENTER DR
ORLANDO FL

Mailing Address

7500 COMMERCE CENTER DR
ORLANDO FL
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

4. FEI Number

64-0777064

Applied For
Not Applicable

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

29

Zip

Country

25

30

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

VD	<input checked="" type="checkbox"/> DELETE
KERN, KAY	
1002 DOGWOOD	
CLINTON MS	
PD	<input checked="" type="checkbox"/> DELETE
KERN, BEN	
1002 DOGWOOD	
CLINTON MS	
VD	<input type="checkbox"/> DELETE
KERN, STEVE	
31 RIVER BIRCH CIRCLE	
MADISON MS	
STD	<input checked="" type="checkbox"/> DELETE
LINCOLN, TIM	
828 W LAKE DOLLERY	
JACKSON MS	
VD	<input checked="" type="checkbox"/> DELETE
TURNER, SCOTT	
317 LOMA DEL SOL DRIVE	
DAVENPORT FL	
	<input type="checkbox"/> DELETE

1.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steve Grantham	
1.3 STREET ADDRESS	201 Devander Run	
1.4 CITY-ST-ZIP	Ridgeland, MS 39157	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William T. Lee, Jr.	
2.3 STREET ADDRESS	12 East Hill Drive	
2.4 CITY-ST-ZIP	Jackson, MS 39216	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve Kern	
3.3 STREET ADDRESS	52 Breakers Lane	
3.4 CITY-ST-ZIP	Ridgeland, MS 39157	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

William T. Lee, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. LEE, JR.

Date

Daytime Phone #

9/2/99

CR2E034 (5/99)