

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006048 (2)

1. Corporation Name

INTEGRATION, NETWORKING, COMPUTERS, & ANALYSIS CORPORATION (INCA)



Principal Place of Business

1220 SECTION LINE TRAIL
DELTONA FL 32725

Mailing Address

1220 SECTION LINE TRAIL
DELTONA FL 32725

3. Date Incorporated or Qualified
11/23/1994

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

21 201 E. PINE ST.

Suite, Apt. #, etc.

22 875

City & State

23 ORLANDO, FL

Zip

24 32801

Country

25 ORANGE

2a. Mailing Address

26 SAME AS # 2

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-3267907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SMITH, BARBARA
1220 SECTION LINE TRAIL
DELTONA FL 32725

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME SMITH, JERRY
STREET ADDRESS 1220 SECTION LINE TRAIL
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ DELETE

S
NAME TATE, PHIL
STREET ADDRESS 7085 BLAIR DR
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

T
NAME JOHNSON, SCOTT
STREET ADDRESS 7326 CABOR CT
CITY-ST-ZIP ORLANDO FL 32818

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP-INFORMATION TECHNOLOGY ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

☒

Change

☐

Addition

VP-PRODUCT DEVELOPMENT

☒

Change

☐

Addition

9012 RED GOLD LANE

ORLANDO, FL 32818

DIR. OF OPERATIONS & SALES

☐

Change

☒

Addition

MILLICENT K. SMITH

481 BURNT TREE LANE

APOPKA, FL 32712

☐

Change

☐

Addition

☐

Change

☐

Addition

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: Millicent K. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MILLICENT K. SMITH

4/4/96 (407) 481-2545
Date Daytime Phone #

CR2E034 (12/95)