FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 10:05

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04854** **(2)**

1. Corporate Name

SOUTHERN DATACOMM, INC.

Principal Place of Business	Mailing Address
19345 U S HWY 19 NO STE 200 CLEARWATER FL 34624	19345 U S HWY 19 NO STE 200 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/19/1986	06/03/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2672369 ☐ 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

9. Name and Address of Current Registered Agent

ENG, GARY
15 TURNER ST. #4
CLEARWATER FL 33516

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: (Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE	P	11 TITLE ☐ Change ☐ Addition
02 NAME	ENG, GARY	12 NAME
03 STREET ADDRESS	15 TURNER ST.	13 STREET ADDRESS
04 CITY ST ZIP	CLEARWATER FL 34615	14 CITY ST ZIP
01 TITLE	V	21 TITLE ☐ Change ☐ Addition
02 NAME	SPROAT, JEFF	22 NAME
03 STREET ADDRESS	16113 ANCROFT CT.	23 STREET ADDRESS
04 CITY ST ZIP	TAMPA FL 33647	24 CITY ST ZIP
01 TITLE		31 TITLE ☐ Change ☐ Addition
02 NAME		32 NAME
03 STREET ADDRESS		33 STREET ADDRESS
04 CITY ST ZIP		34 CITY ST ZIP
01 TITLE		41 TITLE ☐ Change ☐ Addition
02 NAME		42 NAME
03 STREET ADDRESS		43 STREET ADDRESS
04 CITY ST ZIP		44 CITY ST ZIP
01 TITLE		51 TITLE ☐ Change ☐ Addition
02 NAME		52 NAME
03 STREET ADDRESS		53 STREET ADDRESS
04 CITY ST ZIP		54 CITY ST ZIP
01 TITLE		61 TITLE ☐ Change ☐ Addition
02 NAME		62 NAME
03 STREET ADDRESS		63 STREET ADDRESS
04 CITY ST ZIP		64 CITY ST ZIP

14. To the best of my knowledge, I certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: Jeff C. Sproat 4/25/95 (813)539-1800

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING REPORT (Date) (Area Code & Daytime Phone Number)

0389077 CP