FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AMENDED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 APR 18 PM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30146** **(5)**

1. Corporation Name
FUTURECOM, INC.

Principal Place of Business	Mailing Address
630 EYRIE DR #6C OVIEDO FL 32765	630 EYRIE DR #6C OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/12/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: **13-3029831** ☐ 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

BRUCE HERBIN
1623 EAGLE NEST CIRCLE
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: William E. REISCHMANN
82 Street Address (P.O. Box Number is Not Acceptable): SUN BANK SUITE 32
83: 200 West First St.
84 City: Sanford FL 85 Zip Code: 32772

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] DATE: 3/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	TSD	☑ Change ☐ Addition
NAME	HERBIN, STANLEY B.	1.2 NAME	HERBIN, STANLEY B	
STREET ADDRESS	630 EYRIE DR	1.3 STREET ADDRESS	630 EYRIE DR	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		2.1 TITLE	PD	☐ Change ☑ Addition
NAME		2.2 NAME	HERBIN, MARYANN	
STREET ADDRESS		2.3 STREET ADDRESS	830 EYRIE DR	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Stanley B. Herbin STANLEY B. HERBIN 3-29-95 407 359-9295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

004A008 CP