

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

APPROVED
AND
FILED

96 APR 30 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000143 (5)

1. Corporation Name

DATACOM COMPUTER SERVICES, INC.



Principal Place of Business

4000-27 ST. JOHNS AVE.
SUITE 40
JACKSONVILLE FL 32205
US

Mailing Address

4000-27 ST. JOHNS AVE.
SUITE 40
JACKSONVILLE FL 32205
US

3. Date Incorporated or Qualified
12/20/1993

3a. Date of Last Report
02/13/1995

4. FEI Number
59-3217570

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

2. Principal Place of Business

2a. Mailing Address

21 **100 RIVERSIDE AVE.**

26 **100 RIVERSIDE AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **JACKSONVILLE FL**

27 City & State
28 **JACKSONVILLE FL**

24 Zip **32202** 25 Country

29 Zip **32202** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASON, ALAN D.
4000-27 ST. JOHNS AVE.
SUITE 40
JACKSONVILLE FL 32205**

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

Alan D. Mason

NOTE: Registered Agent signature required when reinstating

DATE

4-20-1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MASON, ALAN DWAYNE**
CITY-ST-ZIP **4221 LEXINGTON AVE.
JACKSONVILLE FL 32205**

1.1 TITLE **SECRETARY** ☐ Change ☒ Addition
1.2 NAME **CAROL McDONOUGH**
1.3 STREET ADDRESS **4734 DEERFOOT CT**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **500001201625**
3.2 NAME **-04/30/96--01002--010**
3.3 STREET ADDRESS ******200.00 ****200.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-1996 (904) 355-6055

CR2E034 (12/95)