

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 25 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P94000000143 (5)**

1. Corporation Name

**DATACOM COMPUTER SERVICES, INC.**

Principal Place of Business

**100 RIVERSIDE AVE.  
JACKSONVILLE FL 32202  
US**

Mailing Address

**100 RIVERSIDE AVE.  
JACKSONVILLE FL 32202-4925  
US**

3. Date Incorporated or Qualified  
**12/20/1993**

3a. Date of Last Report  
**04/30/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**100 Riverside Avenue**

83

84 City  
**Jacksonville**

**FL**

85 Zip Code  
**32202**

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 of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

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

TITLE **S** ☐ DELETE

NAME **MCDONOUGH, CAROL**  
STREET ADDRESS **4734 DEERFOOT CT**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P/D** ☒ Change ☐ Addition

1.2 NAME **MASON, ALAN DWAYNE**  
1.3 STREET ADDRESS **100 RIVERSIDE AVENUE**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32202**

2.1 TITLE **S** ☒ Change ☐ Addition

2.2 NAME **MCDONOUGH, CAROL**  
2.3 STREET ADDRESS **100 RIVERSIDE AVENUE**  
2.4 CITY-ST-ZIP **JACKSONVILLE FL 32202**

3.1 TITLE **D/VP/T** ☐ Change ☒ Addition

3.2 NAME **SKIDMORE, MARSHALL A.**  
3.3 STREET ADDRESS **100 RIVERSIDE AVENUE**  
3.4 CITY-ST-ZIP **JACKSONVILLE FL 32202**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **\*\*\*\*\*500002155015--2**  
5.3 STREET ADDRESS **-04/25/97--01051--008**  
5.4 CITY-ST-ZIP **\*\*\*\*\*165.00 \*\*\*\*\*165.00**

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 13 if changed, or on an attachment with an address.

SIGNATURE.

*Alan D. Mason*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN D. MASON**

Date

(904) 355-6055

Daytime Phone #

CR2E034 (9/96)