


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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9500 0045374			
1. Corporation Name DENCOM SERVICES, INC.			
Principal Place of Business POST OFFICE BOX 30384 JACKSONVILLE, FLORIDA 32230-0384		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 06/01/95		3a. Date of Last Report 1996	
4. FEI Number 59-3321677		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RONALD D. FAIRCHILD 1000 RIVERSIDE AVE, SUITE 500 JACKSONVILLE, FLORIDA 32204		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 obligation of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>Ronald D. Fairchild</i>		DATE 3/19/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT, TREASURER		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME WALTER J. WATSON		11 TITLE	
STREET ADDRESS 5400-105 WATER OAK LN.		12 NAME	
CITY-STATE-ZIP JACKSONVILLE, FLORIDA 32210		13 STREET ADDRESS	
TITLE VICE PRESIDENT, SECRETARY		14 CITY-STATE-ZIP	
NAME JACK K. WHITMAN		21 TITLE	
STREET ADDRESS 3855 C.R. 13-A No.		22 NAME	
CITY-STATE-ZIP ST AUGUSTINE FLORIDA 32092		23 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		24 CITY-STATE-ZIP	
NAME		31 TITLE	
STREET ADDRESS		32 NAME	
CITY-STATE-ZIP		33 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		34 CITY-STATE-ZIP	
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY-STATE-ZIP		43 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		44 CITY-STATE-ZIP	
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY-STATE-ZIP		53 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		54 CITY-STATE-ZIP	
NAME		61 TITLE	
STREET ADDRESS		62 NAME	
CITY-STATE-ZIP		63 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		64 CITY-STATE-ZIP	
NAME		65 STREET ADDRESS	
CITY-STATE-ZIP		66 CITY-STATE-ZIP	
14. I 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 information included 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: <i>Walter J. Watson</i>		3/18/97 904-778-2485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WALTER J. WATSON		Daytime Phone #	

CR2E034 (9/96)