

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 13 1998 8:00am  
Secretary of State

DOCUMENT # F94000001417 (4)

1. Corporation Name  
ATEGRA SYSTEMS, INC.

Principal Place of Business  
SUITE 108-A  
478 EAST ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
SUITE 108-A  
478 EAST ALTAMONTE DRIVE  
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

4. FEI Number

33-0582385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HARTMAN, BRADY JR  
940 DOUGLAS AVENUE #165  
ALTAMONTE SPRINGS FL 32714

change  
address

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

32817

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, typed or printed name of registered agent and title if applicable

BRADY HARTMAN, JR

8/7/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME HARTMAN, BRADY JR  
STREET ADDRESS 940 DOUGLAS AVENUE #165  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE CVO ☐ DELETE

NAME HARTMAN, BRADY JR  
STREET ADDRESS 940 DOUGLAS AVENUE #165  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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 PVST / PRESIDENT ☒ Change ☐ Addition

1.2 NAME BRADY HARTMAN  
1.3 STREET ADDRESS 3431 T.C.U. BLVD  
1.4 CITY-ST-ZIP ORLANDO, FL 32817

2.1 TITLE CVO ☒ Change ☐ Addition

2.2 NAME BRADY HARTMAN  
2.3 STREET ADDRESS 3431 T.C.U. BLVD  
2.4 CITY-ST-ZIP ORLANDO, FL 32817

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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 of registered agent

8/7/98 407 671 5800 x22

CR2E034 (5/98)