

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000039065 (2)**

1. Corporation Name  
**NETDATA, INC.**



Principal Place of Business 8411 DOUG CORRIGAN LANE CRYSTAL RIVER FL 34429-9006	Mailing Address 8411 DOUG CORRIGAN LANE CRYSTAL RIVER FL 34429-9006
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>7832 Solar PL</b>		2a. Mailing Address 26 <b>7832 solar PL</b>		3. Date incorporated or Qualified <b>04/26/1997</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 City & State <b>Homosassa, FL</b>		28 City & State <b>Homosassa, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24 Zip <b>34448</b>		29 Country <b>U.S.A.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
25 Zip <b>34448</b>		30 Country <b>U.S.A.</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GAGLE, EDGAR A 8411 DOUG CORRIGAN LANE CRYSTAL RIVER FL 34429-9006				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	

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 *Edgar Allan Gagle* DATE **1/12/98**  
Signature, by, 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLE, EDGAR A	1.2 NAME	
STREET ADDRESS	8411 DOUG CORRIGAN LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLE, FREDERICK J	2.2 NAME	
STREET ADDRESS	8411 DOUG CORRIGAN LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLE, JEAN B	3.2 NAME	
STREET ADDRESS	8411 DOUG CORRIGAN LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429-9006	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Edgar Allan Gagle* **REQUIRED** DATE: **1-13-98**  
Signature and typed or printed name of signing officer or director Daytime Phone # 0464253

CR2E034 (10/97)