

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90109 047 \*\*\*150.00

DOCUMENT # P97000049551

1. Corporation Name  
ATOKA SYSTEMS, INC.

Principal Place of Business  
5111-6 BAYMEADOWS ROAD  
#167  
JACKSONVILLE FL 32217  
US

Mailing Address  
5111-6 BAYMEADOWS ROAD  
#167  
JACKSONVILLE FL 32217  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

59-3498415

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 11250 OLD ST. AUGUSTINE ROAD

2a. Mailing Address  
26 11250 OLD ST. AUGUSTINE ROAD

Suite, Apt. #, etc.  
22 15-394

Suite, Apt. #, etc.  
27 15-394

City & State  
23 JACKSONVILLE FL

City & State  
28 JACKSONVILLE FL

Zip  
24 32257

Country  
29 US

9. Name and Address of Current Registered Agent

EISENHOUR, DENNIS L  
86 RIVERSIDE AVENUE  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

DENNIS L. EISENHOUR

82 Street Address (P.O. Box Number is Not Acceptable)

10754 CLYDESDALE DRIVE E

83

84 City

JACKSONVILLE

FL

85 Zip Code

32257

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	EISENHOUR, DENNIS L	
STREET ADDRESS	10754 CLYDESDALE DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HAWES, GEOFFREY W. J	
STREET ADDRESS	1 SAND HILL ROAD (#6)	
CITY-ST-ZIP	PETERBOROUGH NH 03458	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTT, STUART A	
STREET ADDRESS	6806 BARNACK DR.	
CITY-ST-ZIP	SPRINGFIELD VA 22152	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-262-1124  
Daytime Phone #

CR2E034 (11/98)