

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99229

**Entity Name:** ATS INDUSTRIES, INC.

**Current Principal Place of Business:**

950 HARBOR LAKE DR.  
SUITE 10  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

ATT: LINDA FAHRENKAMP  
950 HARBOR LAKE DRIVE SUITE # 8  
SAFETY HARBOR, FL 34695-0806 US

**FEI Number:** 59-2218872

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FAHRENKAMP, LINDA L  
% ATS INDUSTRIES, INC.  
26 VILLAGE LANE  
SAFETY HARBOR, FL 34695 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name FAHRENKAMP, DALE  
Address 26 VILLAGE LANE  
City-State-Zip: SAFETY HARBOR FL 34695

Title STD  
Name FAHRENKAMP, LINDA L.  
Address 26 VILLAGE LANE  
City-State-Zip: SAFETY HARBOR FL 34695

Title VD  
Name FAHRENKAMP, CHAD  
Address 333 CAMBRIA COURT  
City-State-Zip: SAFETY HARBOR FL 34695

Title VD  
Name PATTERSON, CHANDA L  
Address 1200 TARPON WOODS BLVD.  
APARTMENT M4  
City-State-Zip: PALM HARBOR FL 34685

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA L. FAHRENKAMP

**SEC/TREAS.**

**04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date