

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

**FILED**  
**May 19 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 # 607810 (9)**

1. Corporation Name  
**PATE STRUCTURES, INC.**



Principal Place of Business Mailing Address  
**3162 S.E. DOMINICA TERRACE STUART FL 34997**      **3162 S.E. DOMINICA TERRACE STUART FL 34997-5718**

3. Date Incorporated or Qualified **01/25/1979**      3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **4355 SE Commerce Ave** 26 **4355 SE Commerce Ave.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-1927370**      Applied For  
 Not Applicable

22 City & State 27  
**STUART, FL**

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country 28 City & State  
**34997 USA**      **STUART, FL**

8. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country 29 Zip Country 30  
**34997 USA**      **34997 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**PATE, WILLIAM B**  
**2057 OAKHILL DRIVE**  
**PALM CITY FL 34990**

10. Name and Address of New Registered Agent  
 81 Name **PATE, WILLIAM B.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3751 SE DOUBLETON DRIVE**  
 83  
 84 City **STUART** FL 85 Zip Code **34997**

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 *William B. Pate* **WILLIAM B. PATE, SECY/TREAS.** **2/14/97**  
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	PD	<input type="checkbox"/> DELETE
NAME	<b>PATE, WILLIAM B</b>	
STREET ADDRESS	<b>2057 OAK HILL DR.</b>	
CITY - ST - ZIP	<b>PALM CITY FL 34990</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PATE, WILLIAM B.</b>	
1.3 STREET ADDRESS	<b>3751 SE DOUBLETON DRIVE</b>	
1.4 CITY - ST - ZIP	<b>STUART, FL 34997</b>	
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 do 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: *William B. Pate* **WILLIAM B. PATE,** **PRESIDENT** **2/14/97** **(561)288-1600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)