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Apr 23 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 # P96000054501 (7)

1. Corporation Name

A-TEK CHEMICAL SYSTEMS, INC.

Principal Place of Business

749 AVE M SE
WINTER HAVEN FL 33880

Mailing Address

749 AVE M SE
WINTER HAVEN FL 33880-4523



3. Date Incorporated or Qualified

06/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 205 BURNS LANE SE

Suite, Apt. #, etc.

22 WINTER HAVEN

City & State

23 WINTER HAVEN FL

Zip

24 33884

Country

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59 3387543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBERTSON, GARY A
749 AVE M SE
WINTER HAVEN FL 33880

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

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

Gary A. Robertson
Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME YOAKUM, PHILLIP
STREET ADDRESS 2247 MAGNOLA
CITY- ST- ZIP FAYETTEVILLE AR ☒ DELETE

TITLE D
NAME YOAKUM, BRADEN
STREET ADDRESS 2247 MAGNOLA
CITY- ST- ZIP FAYETTEVILLE AR ☐ DELETE

TITLE DP
NAME ROBERTSON, GARY
STREET ADDRESS 749 AVE M SE
CITY- ST- ZIP WINTER HAVEN FL 33880 ☐ DELETE

TITLE D
NAME ALDERMAN, JOHN M
STREET ADDRESS 915 TWIN LAKES DRIVE
CITY- ST- ZIP CORAL SPRINGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE D/V
2.2 NAME YOAKUM, BRADEN
2.3 STREET ADDRESS 2247 MAGNOLA
2.4 CITY- ST- ZIP FAYETTEVILLE AR ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE D/S
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP ☒ Change ☐ Addition

5.1 TITLE D
5.2 NAME ROTH, NORMA
5.3 STREET ADDRESS 125 AVE B NW
5.4 CITY- ST- ZIP WINTER HAVEN FL ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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:

Gary A. Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0391268

CR2E034 (9/96)