

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 FEB 21 AM 9:25**

**DOCUMENT # S83026 (2)**

1. Corporation Name

**ATES ROOFING, INC.**

Principal Place of Business

**6007 HGY85N  
CRESTVIEW FL 32536**

Mailing Address

**6007 HGY85N  
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**09/26/1991**

3a. Date of Last Report

**06/17/1994**

4. FEI Number

**59-3095974**

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

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23**

City & State

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATES, ROGER  
6011 HWY. 85, N.  
CRESTVIEW FL 32536**

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

(Signature of person or persons authorized to register corporation)

(Signature of Registered Agent or person or persons authorized to register corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |
|-----------------|----------------------------|
| TITLE           | PCD                        |
| NAME            | ATES, ROGER                |
| STREET ADDRESS  | 6011 HWY. 85, N.           |
| CITY - ST - ZIP | CRESTVIEW FL               |
| TITLE           | VCD                        |
| NAME            | ATES, MARY                 |
| STREET ADDRESS  | 6011 HWY. 85, N.           |
| CITY - ST - ZIP | CRESTVIEW FL               |
| TITLE           | ST                         |
| NAME            | ATES, ROGER                |
| STREET ADDRESS  | 6011 HWY. 85, N.           |
| CITY - ST - ZIP | CRESTVIEW FL               |
| TITLE           | VD                         |
| NAME            | WILLIAMS, ROBBIE           |
| STREET ADDRESS  | 110 FELDON DRIVE           |
| CITY - ST - ZIP | CRESTVIEW FL               |
| TITLE           | V                          |
| NAME            | DEWEES, WALTER             |
| STREET ADDRESS  | 1849 ROBERT TRAILER LOT #4 |
| CITY - ST - ZIP | CRESTVIEW FL               |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY - ST - ZIP |                            |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and claim not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 that I receive or intend to receive compensation 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:

*Roger L. Ates*

**Rodger L. Ates**

*President 2-17-95*

**904-682-0441**

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number