

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra D. Mathias
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current 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 607.0902 and 607.1908, 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 607.0906, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Service of Process

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PCD
ATES, ROGER
6011 HWY. 85, N.
CRESTVIEW FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VCD
ATES, MARY
6011 HWY. 85, N.
CRESTVIEW FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

ST
ATES, ROGER
6011 HWY. 85, N.
CRESTVIEW FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VD
WILLIAMS, ROBBIE
110 FELDON DRIVE
CRESTVIEW FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

V
DEWEES, WALTER
1649 ROBERT TRAILER LOT #4
CRESTVIEW FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

WILLIAMS, CLIENT
2149 EAST third Ave
Crestview FLA 32539

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), 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:

Robert J. Atter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 29, 1996

904-682-0441

CR2E034 (12/95)