

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/26/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3095974	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PCD							1.1 TITLE							
NAME	ATES, ROGER							1.2 NAME							
STREET ADDRESS	6011 HWY. 85, N.							1.3 STREET ADDRESS							
CITY-ST-ZIP	CRESTVIEW FL							1.4 CITY-ST-ZIP							
TITLE	VCD							2.1 TITLE							
NAME	ATES, MARY							2.2 NAME							
STREET ADDRESS	6011 HWY. 85, N.							2.3 STREET ADDRESS							
CITY-ST-ZIP	CRESTVIEW FL							2.4 CITY-ST-ZIP							
TITLE	ST							3.1 TITLE							
NAME	ATES, ROGER							3.2 NAME							
STREET ADDRESS	6011 HWY. 85, N.							3.3 STREET ADDRESS							
CITY-ST-ZIP	CRESTVIEW FL							3.4 CITY-ST-ZIP							
TITLE	VD							4.1 TITLE							
NAME	WILLIAMS, ROBBIE							4.2 NAME							
STREET ADDRESS	110 FELDON DRIVE							4.3 STREET ADDRESS							
CITY-ST-ZIP	CRESTVIEW FL							4.4 CITY-ST-ZIP							
TITLE	V							5.1 TITLE							
NAME	WILLIAMS, CLIENT							5.2 NAME							
STREET ADDRESS	2149 EAST THIRD AVE							5.3 STREET ADDRESS							
CITY-ST-ZIP	CRESTVIEW FL							5.4 CITY-ST-ZIP							
TITLE								6.1 TITLE							
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

14. I 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: *[Signature]* ROBERT L. ATEs  
DATE: MAR 26 1998  
ID: 850 682-0444

CR2E034 (10/97)