

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000014984 (7)

1. Corporation Name

LARRY D. TATE CABINETS, INC.



Principal Place of Business

Mailing Address

4314 W HUMPHREY STREET  
TAMPA FL 33614

4314 W HUMPHREY STREET  
TAMPA FL 33614

2. Principal Place of Business

2a Mailing Address

21 Same, Apt. #, etc.

26 Same, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

TATE, JOY G  
4313 W HUMPHREY STREET  
TAMPA FL 33614

3. Date Incorporated or Qualified

02/22/1993

3a. Date of Last Report

05/31/1995

4. FEI Number

59-3169717

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

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

*Joy G. Tate*

Date Registered Agent signature required later than filing

2/9/96

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	TATE, LARRY D	
12.3 STREET ADDRESS	4313 W HUMPHREY ST	
12.4 CITY-STATE-ZIP	TAMPA FL 33614	
12.5 TITLE	STD	<input type="checkbox"/> DELETE
12.6 NAME	TATE, JOY G	
12.7 STREET ADDRESS	4313 W HUMPHREY ST	
12.8 CITY-STATE-ZIP	TAMPA FL 33614	
12.9 TITLE	V	<input type="checkbox"/> DELETE
12.10 NAME	TATE, BENJAMIN S.	
12.11 STREET ADDRESS	7016 N. GRADY AVE	
12.12 CITY-STATE-ZIP	TAMPA FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	

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 119.07(3)(k), 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 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:

*Joy G. Tate*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

DATE

813 885-2124

BUYER PHONE #

CR2E034 (12/95)