

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000014984

1. Corporation Name

LARRY D. TATE CABINETS, INC.

Principal Place of Business

**4314 W HUMPHREY STREET
TAMPA FL 33614**

Mailing Address

**4314 W HUMPHREY STREET
TAMPA FL 33614**

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90072 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1993

4. FEI Number

59-3169717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**TATE, JOY G
4313 W HUMPHREY STREET
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name

LARRY D. TATE

82 Street Address (P.O. Box Number is Not Acceptable)

4313 W HUMPHREY

83

84 City **TAMPA**

FL

85 Zip Code **33614**

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 *Larry D. Tate*
Signature, type or printed name of registered agent and title if applicable.

LARRY D. TATE PRES.

3-10-99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TATE, LARRY D**
CITY-ST-ZIP **4313 W HUMPHREY ST
TAMPA FL 33614**

TITLE ☒ DELETE
NAME **STD**
STREET ADDRESS **TATE, JOY G**
CITY-ST-ZIP **4313 W HUMPHREY ST
TAMPA FL 33614**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **TATE, BENJAMIN S.**
CITY-ST-ZIP **7016 N. GRADY AVE
TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
2.2 NAME **STD**
2.3 STREET ADDRESS **TATE, TIMOTHY**
2.4 CITY-ST-ZIP **4403 W. HUMPHREY ST.
TAMPA FL 33614**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Larry D. Tate*

SIGNATURE REQUIRED: LARRY D. TATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

3-10-99
Date

813-885-2126
Daytime Phone #

CR2E034 (11/98)