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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90072 031 ***150.00

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
02/22/1993

4. FEI Number
59-3169717

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 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* **LARRY D. TATE PRES.** **3-10-99**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TATE, LARRY D	
STREET ADDRESS	4313 W HUMPHREY ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TATE, JOY G	
STREET ADDRESS	4313 W HUMPHREY ST	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TATE, BENJAMIN S.	
STREET ADDRESS	7016 N. GRADY AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<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 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 PRESIDENT** **3-10-99** **813-885-2126**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (1/98)