

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

FILED

Apr 10 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **P95000000603 (7)**

1. Corporation Name
TATE'S CORNER, INC.



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| Principal Place of Business 3228 LITHIA PINE CREST, #101 VALRICO FL 33594 | Mailing Address 3228 LITHIA PINE CREST, #101 VALRICO FL 33594-5633 |
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| 3. Date Incorporated or Qualified 01/04/1995 | 3a. Date of Last Report 07/01/1996 |
| 4. FEI Number 59-3304484 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 7015 Lithia Pinecrest Rd. Suite, Apt. #, etc. 22 City & State 23 Lithia, FL Zip 24 33547 | 2a. Mailing Address 26 7015 Lithia Pinecrest Rd. Suite, Apt. #, etc. 27 City & State 28 Lithia, FL Zip 29 33547 Country 30 Hills. |
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| 9. Name and Address of Current Registered Agent TATE, ROBERT T 3228 LITHIA PINECREST #101 VALRICO FL 33594 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7015 Lithia Pinecrest Rd. 83 84 City Lithia FL 85 Zip Code 33547 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE TATE, ROBERT T | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME 3228 LITHIA PINE CREST, #101 | | 1.2 NAME VALRICO FL 33594 | |
| STREET ADDRESS 7015 LITHIA-PINECREST RD | | 1.3 STREET ADDRESS LITHIA, FL 33594 | |
| CITY-ST-ZIP LITHIA, FL 33594 | | 1.4 CITY-ST-ZIP LITHIA, FL 33594 | |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| CITY-ST-ZIP <input type="checkbox"/> DELETE | | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

14. I do 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: **Robert T. Tate** **ROBERT T. TATE** 1/11/97 (813) 681-7573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)