FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S80543** **(9)**

1. Corporation Name
TATE'S TRANSMISSION SERVICE, INC.

Principal Place of Business	Mailing Address
2058 SW HAYWORTH AVE PORT ST. LUCIE FL 34953-9752 US	2058 SW HAYWORTH AVE PORT ST. LUCIE FL 34953-9752 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 1948 S.W. Haywoorth Ave	26 1948 S.W. Haywoorth Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Port St Lucie, Fl.	28 City & State: Port St Lucie, Fl
24 Zip: 34983 25 Country: USA	29 Zip: 34983 30 Country: USA

4. FEI Number: 65-0289383 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FARMER, CATHERLINE C. 2705 HARDING STREET HOLLYWOOD FL 33020	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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	TATE, DONALD	1.2 NAME	
STREET ADDRESS	3258 S.W. NUTLEY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	TATE, WAYNE	2.2 NAME	
STREET ADDRESS	3102 SW NUTLEY ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	COOLEY, KATHY	3.2 NAME	
STREET ADDRESS	1102 SW SARTO LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	☐ Change ☐ Addition
NAME	FARMER, CATHERLINE C.	4.2 NAME	
STREET ADDRESS	2705 HARDING ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: Kathy S. Cooley 4-20-95 (407) 336 8543
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002000 CP