

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S80543** (9)

1. Corporation Name

TATE'S TRANSMISSION SERVICE, INC.



Principal Place of Business

Mailing Address

**1948 S.W. HAYWORTH AVENUE
PORT ST. LUCIE FL 34983
US**

**1948 S.W. HAYWORTH AVE.
PORT ST. LUCIE FL 34983
US**

3. Date Incorporated or Qualified
09/10/1991

3a. Date of Last Report
04/26/1995

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

2. Principal Place of Business

2a. Mailing Address

21 1948 S.W. Hayworth Ave.

26 1948 S.W. Hayworth Ave.

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 Port St. Lucie FL

28 Port St. Lucie FL

Zip

Country

Zip

Country

24 34983

25 US

29 34983

30 U.S.

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 the date of appointment

(Initials) Registered Agent signature required when not typed

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	TATE, DONALD	3258 S.W. NUTLEY STREET	PORT ST. LUCIE FL	<input type="checkbox"/>
DVP	TATE, WAYNE	3102 SW NUTLEY ST	PT ST LUCIE FL	<input type="checkbox"/>
DS	COOLEY, KATHY	1102 SW SARTO LANE	PT ST LUCIE FL	<input type="checkbox"/>
DT	FARMER, CATHERLINE C.	2705 HARDING ST.	HOLLYWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Tate

6/11/96

561-336-8543

CR2E034 (3/96)