2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 08:00 AM - Secretary of State **DOCUMENT # 245480** BASTECH, INC. Principal Place of Business Mailing Address 3211 POWERS AVENUE 3211 POWERS AVENUE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 No Chg-P CR2E034 (10/03) 03302004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-0930972 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BASSO, RAYMOND P DO NOT WRITE 7610 HOLLYRIDGE JACKSONVILLE, FL 32256 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and trile if applicable. (NOTE, Registered Agent signature required when reinstating) EVATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BASSO, RAYMOND P NAME STREET ADDRESS 3211 POWERS AVENUE 04/05/04-80050-018 150.00 CTTY-ST-ZIP JACKSONVILLE, FL SD ឋាភាគ BASSO, CATHERIN B 3211 POWERS AVENUE STREET ADDRESS JACKSONVILLE, FL DITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET AUDRESS DTY-57-22 TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZP

> AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR CORP. SECRETARY

2, 2004

904/737-1722

FILED