2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:/

SIGNATURE AND TYPED OR PRINTED NAME

Apr 06, 2006 8:00 am Secretary of State **DOCUMENT # 645718** 04-06-2006 90014 009 ***158.75 1. Entity Name R.E. BASS CONSTRUCTION, INC. Principal Place of Business Mailing Address 1144 E. TENNESSEE ST. TALLAHASSEE FL 32308 1144 E. TENNESSEE ST. TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-1952417 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CALHOUN, LYNDA E 1144 E TENNESSEE STREET ennessae TALLAHASSEE FL 32308 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 FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition NAME BASS, RE NAME STREET ADDRESS 1144 E. TENNESSEE ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME CALHOUN, LYNDA E STREET ADDRESS 1144 E TENNESSEE STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY - ST- ZIP . Delete TITLE TITLE ____Change______.Addition BASS, Jiz., Robert E. 1144 E. Tennessee Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAllA hassee, 7L 32308 CITY-ST-ZIP Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accorate 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 invisite empowered to execute this report as required by Chapter 607, 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.

FILED