

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 645718**

1. Entity Name  
R.E. BASS CONSTRUCTION, INC.



**FILED**  
**Jul 09, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1144 E. TENNESSEE ST.  
TALLAHASSEE, FL 32308 US

Mailing Address  
1144 E. TENNESSEE ST.  
TALLAHASSEE, FL 32308 US



07032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1952417

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BASS, ROBERT E JR  
1144 E TENNESSEE STREET  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
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

*Robert E Bass Jr* VP

7/3/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

07/09/08-80006-017 158.75  
In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME BASS, R E  
STREET ADDRESS 1144 E. TENNESSEE ST.  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE S  
NAME CALHOUN, LYNDIA E  
STREET ADDRESS 1144 E TENNESSEE STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VP  
NAME BASS, ROBERT E JR  
STREET ADDRESS 1144 E TENN ST  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/08 850.251.4407

Date

Daytime Phone #