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002/003

FILE ON OR BEFORE DECEMBER 31, 1996 ON PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002225

BASS & HIGGINBOTHAM, LTD.

97-AR
CM

Mailing Address

P. O. BOX 907
HAWTHORNE, FL 32640-0907

Principal Office Address

1730 N.E. 23RD AVENUE
GAINESVILLE, FL 32609

3. Date Formed or Registered
12/5/96

5a. Capital Contributions as Shown on record

\$3,000,000.00

3a. Date of Last Report
NONE

5b. Amount of Capital Contributions in Florida

4. State or Country of Formation

FL

2. Mailing Address
P. O. BOX 907

2a. Principal Office Address
1730 N.E. 23RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

☒ Applied For
☐ Not Applicable

City & State
HAWTHORNE, FL

City & State
GAINESVILLE, FL

7. Certificate of Status Desired

☐ \$5.75 Additional
Fee Required

Zip Country
32640-0907 ALACHUA

Zip Country
32609 ALACHUA

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

EDDIE J. HIGGINBOTHAM
1730 N.E. 23RD AVENUE
GAINESVILLE, FLORIDA 32609

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.182, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.182, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

(1) EDDIE J. HIGGINBOTHAM

1730 N.E. 23RD AVENUE

GAINESVILLE, FL 32609

(2) ROY BASS

1730 N.E. 23RD AVENUE

GAINESVILLE, FL 32609

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-01/28/97-01106-002
****191.25 ****191.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Eddie J. Higginbotham

DATE 12-27-96

Typed or Printed Name of General Partner Signing Form

Eddie J. Higginbotham

Daytime Telephone Number 352-376-0071