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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F14862 (9)

1. Corporation Name

BASS COUNTRY HOMES, INC.

Principal Place of Business

822 SOUTH HILL AVENUE
DELAND FL 32724
US

Mailing Address

822 SOUTH HILL AVENUE
DELAND FL 32724-7014
US



3. Date Incorporated or Qualified

01/14/1981

3a. Date of Last Report

02/26/1996

4. FEI Number

59-2077493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

BEERY, CLARENCE O
112G E. VILLA CAPRI CIRCLE
DELAND FL 32724

10. Name and Address of New Registered Agent

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BEERY, CLARENCE O	
STREET ADDRESS	822 SOUTH HILL AVENUE	
CITY-STATE-ZIP	DELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMS, STANFORD D	
STREET ADDRESS	RT 45	
CITY-STATE-ZIP	ENFIELD IL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SNYDER, RICHARD H	
STREET ADDRESS	153 OCEAN BLVD P OBOX 770	
CITY-STATE-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARENCE O. BEERY	
1.3 STREET ADDRESS	822 S. HILL AVE	
1.4 CITY-STATE-ZIP	DELAND, FL 32724	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STANFORD D. WILLIAMS	
2.3 STREET ADDRESS	P.O. BOX 309 (N/A)	
2.4 CITY-STATE-ZIP	CARMI, IL 62821	
3.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RICHARD SNYDER	
3.3 STREET ADDRESS	153 OCEAN BLVD P.O. BOX 770	
3.4 CITY-STATE-ZIP	PALM CITY, FL 34990	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-97

Date

904-734-8719

Daytime Phone

CR2E034 (9/96)