## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

BASS COUNTRY HOMES, IN	NC.
Principal Place of Business	Mailing Address
822 SOUTH HILL AVENUE DELAND FL 32724 US	822 SOUTH HILL AVENUE DELAND FL 32724 US
Principal Place of Business 1	2a. Mailing Address 26

**FILED** Jan 23 1998 8:00am Secretary of State

DOCUMENT # DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1981 FEI Number Applied For 59-2077493 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BEERY, CLEARENCE O 112G E. VILLA CAPRI CIRCLE Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32724 83 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE \_\_\_ Addition 1.1 TITLE Change CLERENCE O BEERY NAME 1.2 NAME **CR2E034** 822 S HILL AVE STREET ADDRESS 1.3 STREET ADDRESS DELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE STANFORD WILLIAMS 2.2 NAME PO BOX 309 STREET ADDRESS 2.3 STREET ADDRESS CARMI IL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TOTLE Change Addition RICHARD SNYDER NAME 3.2 NAME 153 OCEAN BLVD PO BOX 770 STREET ADDRESS 3.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. I 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 amplayreport 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 receive of trustee empowered to execute this report as required by chapter 507. Florida statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

1-12-98 904-734-8719