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

Mailing Address

2500 E KEARNEY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90106 017 ***150.00

417-873-5000

Daytime Phone #

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000006140**1. Corporation Name

Principal Place of Business

SIGNATURE:

2500 E KEARNEY

BASSGEC MANAGEMENT COMPANY

| US | US | | | | DO NOT WRITE IN THIS SPACE | | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------|----------------|-------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 00 | | • | • | | | | 3. Date incorporated or Qualifed |
| | | | | | | | 11/22/1996 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 4. FEI Number Applied For |
| 21 | 26 | | | | | | 43-1660405 Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| | | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| 22 City & State | | | City & State | | | | 6. Election Campaign Financing S5.00 May Be |
| 23 | | 28 | | _ | | , | Trust Fund Contribution Added to Fees |
| Zip | Country | 1-01 | Zip C | | ntry | · | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 30 | | 0 | I | | Personal Property Tax. |
| 24 | 9. Name and Address of Current | | | | | | 10. Name and Address of New Registered Agent |
| | | | | _ | 81 | Name | |
| ALBRITTON, LAWRENCE E | | | | | _ | | |
| 2975 OVERSEAS HIGHWAY | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | ress (P.O. Box Number is Not Acceptable) |
| MARATHON FL 33050 | | | | | 83 | | |
| MARATION I E 00000 | | | | | 63 | | |
| | | | • | | 84 | City | 85 Zip Code |
| | | | | | | | PL |
| 11. Pursuant | to the provisions of Sections 607.0502 | and (| 507.1508, Florida Statutes | , the al | oove | -named corporati | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |
| office or n | egistered agent, or both, in the State o m familiar with, and accept the obligation | ons o | f, Section 607.0505, Florid | a Stati | ites. | uie corporaci | on's board of directors. Thereby descript the appearance of agreement |
| = | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title | if applicable. (NOTE: Re | egistered | Agent | t signature require | d when reinstating) DATE |
| 12. | OFFICERS AND | DIR | ECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | | ☐ DELETE | LETE 1,1 TITLE | | | ☐ Change ☐ Addition |
| NAME | MORRIS, JOHN L | | | 1.2 NA | | | |
| STREET ADDRESS | 896 RIVERBLUFF DRIVE | | 1.3 STREET ADDRESS | | ADDRESS | | |
| | OZARK MO 65721 | | 1.4 CITY-ST-ZIP | | - 1 | | |
| CITY-ST-ZIP | EVD | | | | 2.1 TITLE | | ☐ Change ☐ Addition |
| IIITE · | HENRY, MARILYN S | | 22 N | | | | |
| NAME | | 2524 BROADMOOR | | | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | SPRINGFIELD MO 65810 | | 2.4 CITY-ST-ZIP | | T-ZIP | ☐ Change ☐ Addition | |
| TITLE | V DELETE | | 3.1 TITLE | | | | |
| NAME | MILLER, TONI | | 3.2 NAME | | | · | |
| STREET ADDRESS | 6040 SOUTH ROANOKE | | | 3.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | SPRINGFIELD MO 65810 | | 3.4. CITY-ST-ZIP | | T-ZIP | | |
| πιĔ | V DELETE | | 4.1 TI | 4.1 TITLE | | , Change Addition | |
| NAME | MOSELEY, TAD | | | 4.2 N | AME | | |
| STREET ADDRESS | 2920 SOUTH BRENTMOOR | | | 4.3 ST | REET | ADDRESS | |
| CITY-ST-ZIP | SPRINGFIELD MO 65804 | | | 4.4 CI | | l l | • |
| TITLE | | | ☐ DELETE | 5.1 TIT | | | Change Addition |
| NAME | | | | 5.2 NA | | | |
| | | | | 5.3 ST | REET | ADDRESS | |
| STREET ADDRESS | | | | 5.4 CI | | i i | |
| CITY-ST-ZIP | | | DELETE | 6.1 Tr | | | ☐ Change ☐ Addition |
| TITLE ! | | | | 6.2 NA | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | ADORESS | |
| CITY-ST-ZIP | | | <u>·</u> | 6.4 CI | | | |
| 14. I hereby o | certify that the information supplied with | this | filing does not qualify for the | he exe | mpti | ion stated in | Section 119.07(3)(i), Florida Statutes. I further certify that the information e shall have the same legal effect as if made under oath; that I am an |
| officer or | on this annual report or supplemental director of the corporation or the receiver Block 13 if changed, or on an attach | rer or | trustee empowered to exe | cute th | ns re | aport as requ | lifed by Chapter 607, Florida Statutes; and that my name appears in |