2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # H92330** 1. Entity Name BASS CONSTRUCTION COMPANY, INC. 01-30-2001 90055 024 ***150.00 Principal Place of Business Mailing Address C/O CHARLES R. GARDNER C/O CHARLES R. GARDNER 3537 HARTSFIELD ROAD 3537 HARTSFIELD ROAD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2622102 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BASS, GRADY W. Street Address (P.O. Box Number is Not Acceptable) 3537 HARTSFIELD RD TALLAHASSEE FL 32303 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PTD TITLE TITLE ☐ Delete NAME NAME BASS, GRADY W. STREET ADDRESS STREET ADDRESS 3537 HARTSFIELD ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL Change ☐ Addition Delete TITLE TITLE NAME NAME BASS, MARY GAIL STREET ADDRESS STREET ADDRESS **406 NORTH RIDE** CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FI ☐ Change ☐ Addition ☐ Delete TITLE TITLE VD. NAME NAME BASS, ROBERT W., STREET ADDRESS STREET ADDRESS 10088 COLLINS HOLE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR