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

PROFIT

CIGNATIIDE:

May 15 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) K03459 RICHARD W. BASS ASSOCIATES, INC. Principal Place of Business Mailing Address 1953 - 8TH STREET 1953 - BTH STREET SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/24/1987</u> 4. FEL Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0017711 21 26 Suite. Apt. #. etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Z_{1D} Personal Property Tax due June 30. Yes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 SABA, RICHARD D 2033 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 303 83 SARASOTA FL 34237 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition ☐ DELETE TITLE 1.2 NAME BASS, RICHARD W. NAME 1.3 STREET ADDRESS 1953 EIGHTH STREET STREET ADDRESS SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ DELETE 31 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADORESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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

4119198

941-954-7553

FILED