

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K11556 (3)

1. Corporation Name

BASS-ROB. INC.



Principal Place of Business

**927 LITHIA PINECREST RD
BRANDON FL 33511**

Mailing Address

**927 LITHIA PINECREST RD
BRANDON FL 33511**

2. Principal Place of Business

21 2703 Willow Oaks Dr

Suite, Apt. #, etc.

22

City & State

23 VALRICO FL

Zip

24 33544

Country

25 Hillsborough

2a. Mailing Address

26 2703 Willow Oaks Dr

Suite, Apt. #, etc.

27

City & State

28 VALRICO FL

Zip

29 33544

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

**ORCUTT, GREGORY J.
101 E. KENNEDY BLVD, SUITE 1870
TAMPA FL 33602**

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2881474

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 607.1506, 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 the date of filing. (If the registered agent's signature is required when filing, it must be included.)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME SCHULTEIS, LOUISE M.
STREET ADDRESS 2711 BRANDONVIEW DR
CITY-ST-ZIP BRANDON FL**

TITLE ☐ DELETE

**D
NAME SELEMBO, JOHN A.
STREET ADDRESS 2703 WILLOW OAKS DR.
CITY-ST-ZIP VALRICO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent 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

8/20/96

813-684-8530

CR2E034 (12/95)