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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # K11556

(3)

BASS-ROB, INC.

FILED

Feb 02 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address)11 2 1 2 1 4 1 1	1); Sibi: .= 6:	
2703 WILLOW	OAKS DR	2703 WILLOW OAKS DI	2703 WILLOW OAKS DR					
VALRICO FL	33594	VALRICO FL 33594 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US								
						1		1
2. Principal Place of Business 2a. Mailing Address						01/11/1988 4. FEI Number	7772	Applied For
21	The second second second	1 7	26					Vot Applicable
Suite, Apt.	#, efc	Suite_Apt. #, etc.			p	\$0.75 alian		
22		27				5. Certificate of Status Desired		Required
City & State	A	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cor	intry	,	8. This corporation owes or has paid the current	nt year i	ntangible
24	25	29	30			Personal Property Lax due June 30,	Yes	☐ No
	 Name and Address of Current 	nt Registered Agent		81		10. Name and Address of New Registered Ag	jent	
ORCUTT, GREGORY J					Name			
101	I E. KENNEDY BLVD, SUITE 187			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
TAI	MPA FL 33602							
				83				
				84	City	The state of the s	85 Zip	Code
				04	City	FL	03 - μ	10000
agent. La SIGNATURE	m familiar with, and ancept the oblig					red when reinstating) CA(E		
12.		D DIRECTORS	13.		an orangior regar	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	8S IN 12
TIFLE	D	DELETE	1.1 %	TLE			Change	
NAME	SCHULTEIS, LOUISE M	1.2		1.2 NAME				
ETREET ADDRESS	2711 BRANDONVIEW DR		1.3.51	IREFT	ADDRESS			į
CITY-ST-ZIP	BRANDON FL	K		ΠY-S	i - 21P			
TITLE	D	☐ DELL1£	2,1 THU				Change	Addition
NAME	_SELEMBO, JOHN A		2.2 N/	AME				į
STREET ADDRESS	2703 WILLOW OAKS DR.		2.3 \$1	REET	ADDRESS			j
CITY-ST-ZIP	VALRICO FL		2.40	ITY-S	st - ZIP			
रता ह	The state of the s	DELETÉ 31 I					Change	Addition
NAME			3.2 N	AME	[ĺ
STREET ADDRESS			3.350	HEET	ADDRESS			į
City-st-ZiP			3 4. Ü	ITY-S	ST-ZIP			
nnı	Magazini e i e e e e e e e e e e e e e e e e	Delte	4.1 Π	TLE			Change	Addition
NAME			4.2N	AME				ļ
STREET ADDRESS			4.3 \$1	REET	ADDRESS			
CITY-SI-ZIP			4.4 CI	TY - 5	1-20P			
TITLE		L_I DELETE	5.1 11	TLE			Change	Addition
NAME (5.2 N/	AME	{			-
STREET ADDRESS			5.3 51	REEL	AUDRESS			ļ
CITY-ST-ZIP			546	TY-S	i - ZIP			
TITLE	The second secon	DELETE	6,1 TC	TLE		Lug	Change	Addition
NAME			6.2 N	ME	}			i

14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this elimital report or suppliemental annual report is true wind accurate and that my signature shall have the same legal effect as it 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 officers.

SIGNATURE:

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS