

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Bandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27063** (7)
1. Corporation Name
BASS HOMES, INC.

Principal Place of Business: **PO BOX 344 STAPLETON AL 36578**
Mailing Address: **PO BOX 344 STAPLETON AL 36578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1989**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **63-1003869**
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. State Apt # etc: 27
23. City & State: 28
24. Zip: 25 County: 29 Country: 30

9. Name and Address of Current Registered Agent
**ROARK, DONALD A.
17 W. CERVANTES ST.
PENSACOLA FL 32501**

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 607.0503 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 607.0503, Florida Statutes.

SIGNATURE: _____
I, _____, President of Bass Homes, Inc., do hereby certify that _____ is the duly authorized registered agent of Bass Homes, Inc.

12. OFFICERS AND DIRECTORS

OFFICE	P
NAME	BASS, WILLIAM L.
STREET ADDRESS	HIGHWAY 39
CITY, ST, ZIP	STAPLETON AL
OFFICE	S
NAME	BASS, CONNIE D.
STREET ADDRESS	HIGHWAY 39
CITY, ST, ZIP	STAPLETON AL
OFFICE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and drawn out equally for the corporation stated as Section 199.032, Florida Statutes. I further certify that the information included 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 secretary or treasurer or person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing stamped or on an attachment with an address.

SIGNATURE: *Connie D Bass* *Connie D. Bass* 4-26-95 937-4935 (334)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR