Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90200 048 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000053501

1. Corporation Name

Principal Place of Business

BASS PAINTING CONTRACTORS, INC.

7650 SW 141 ST MIAMI FL 33158 US			7650 SW 141 ST Miami FL 33158 US						DO NOT WE	RITE IN THIS S	SPACE	
••							3.		r corporated or Qualifed 1/1993	t		
2. Principa Place of Business			2a. Mailing Address				4.	FEI N	mber			Applied For
21			26					65-0	4 25899			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5	5. Certificate of Status Desired \$8.75 Additional				
			27				Oeraio			Fee	Recuired	
City & State			City & State				6.	Electio	n Campaign Financing	' _□		00 May Be
23			28					Trust F	und Contribution		Add	ed to Fees
Zip	Cour	try	Zip	_	Country		8.		crporation owes the cu			
24	25		29		<u> </u>				al Property Tax.		Yes	[KNo
	9. Name and Add	ress of Current Re	gistered Agent		-			Name	and Address of New	Registered A	gent	
DUC	L DOMALD H				81	Name	!					
BUCK, RONALD H 7650 SW 171 ST					82	Street	Ac dress (F	ss (P.O. Box Number is Not Acceptable)				
MIAN	MI FL 33158				83							
					84	City				FL	85 Z	Zip Code
office crro agent. Fai	to the provisions of Se egistered agent, or bo m familiar with, and ac	h, in the State of Fl	lorida. Such change	was autho	orized by	the corp	d corporation ooration's be	n submi oard of (is this statement for the cirectors. I hereby according	e purpose of c ept the appoint	hanging ment as	its registered registered
SIGNATURE	Signature, typed or printed na	ne of registered agent and	title if applicable.	(NOT E: Reg	gistered Agen	nt signature	required when	reinstating))	DATE		
12.		OFFICERS AND D			13.			ADDITI	ONS/CHANGES TO O	FFICERS AND	DIREC	TOF:S IN 12
TITLE	D		☐ DELI	ETE	1.1 TITLE						☐ Chan	ge
NAME	BUCK, RONALD I	1			1.2 NAME							
STREET ADDRESS	7650 SW 141 ST				1.3 STREET	ADDRESS	s					
CITY-ST-ZIP	MIAMI FL 33158				1.4 CITY-S	T-ZIP						
TITLE			☐ DELI	ETE	2.1 TITLE						☐ Chan	ge 🗌 Addition
NAME					2.2 NAME							
STREET ADDRESS					2.3 STREET	ADDRESS	3					
CITY-ST-ZIP					2.4 CITY-5	T-ZIP	<u> </u>					
TITLE			☐ DEL	ETE	3.1 TITLE						Chan	ige 🗌 Addition
NAME					3.2 NAME							
STREET ADORE 3S					33 STREET	ADDRESS	3					
CITY-ST-ZIP					3.4. CITY-S	T-ZIP						
TITLE			☐ DELI	ETE	4.1 TITLE						Chan	ige 🗌 Addition
NAME					4.2 NAME							
STREET ADDRESS					4.3 STREET	ADDRESS	s					
CITY-ST-ZIP					4.4 CITY- S	T-ZIP						
TITLE			DEL	ETE	5.1 TITLE						☐ Chan	ige 🔲 Addition
NAME					5.2 NAME							
STREET ADDRE 3S				ł	5.3 STREET	FADDRESS	3					
CITY-ST-ZIP					5.4 CITY- S	T- ZIP						
TITLE			☐ ĐEL	ETE	6 1 TITLE						Chan	ige
NAME					6.2 NAME							
CTDEET ADORS >0					6.3 STREET	ADDRESS	sl					

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 of 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attaghment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP