

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

FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000005487 (1)

1. Corporation Name  
BASS TIRE AND AUTO REPAIR INC.

Principal Place of Business  
1943 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

Mailing Address  
1943 THOMASVILLE ROAD  
TALLAHASSEE FL 32303-5265

3. Date Incorporated or Qualified  
01/24/1994  
3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3219757  
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 1836 Capital Cir. N.E.  
Suite, Apt. #, etc.  
22 Tallahassee, FL  
City & State  
23 32308  
Zip  
24 Country

2a. Mailing Address  
26 1836 Capital Cir. N.E.  
Suite, Apt. #, etc.  
27  
City & State  
28 Tallahassee, FL.  
Zip  
29 32308  
30 Country

9. Name and Address of Current Registered Agent

BASS, ALVIN W  
1943 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name  
Alvin W. Bass  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1836 Capital Cir N.E.  
84 City  
Tallahassee, FL  
85 Zip Code  
32308

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  
Alvin W. Bass

4/20/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS       | CITY-ST-ZIP    | DELETE                   |
|-------|-------------------|----------------------|----------------|--------------------------|
| P     | BASS, ALVIN W.    | 1322 MANOR HOUS DR.  | TALLAHASSEE FL | <input type="checkbox"/> |
| ST    | BASS, CATHLEEN B. | 1322 MANOR HOUSE DR. | TALLAHASSEE FL | <input type="checkbox"/> |
|       |                   |                      |                | <input type="checkbox"/> |
|       |                   |                      |                | <input type="checkbox"/> |
|       |                   |                      |                | <input type="checkbox"/> |
|       |                   |                      |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE  | 12 NAME  | 13 STREET ADDRESS  | 14 CITY-ST-ZIP  | 15  |
|-----------|----------|--------------------|-----------------|---|
|           |          |                    |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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.

SIGNATURE:  
Alvin W. Bass

4/20/97

904-942-2896

CR2E034 (9/96)