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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014978

1. Corporation Name

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90093 033 ***150.00

BASS FARMS, INC.							
Principal Place of Business	Mailing Address				181 AN SHI MANAN IN	811 81818 (811)	1889 1811 1881
2829 S.W. SR 25	2829 S.W. SR 25						
NEWBERRY FL 32669	NEWBERRY FL 32669			DO NOT WRIT	FE IN THIS S	DACE	
					IE IN INIO 3	PACE	
				3. Date Incorporated or Qualifed			
	1 5 11 W 11 5 11 5 1 5 1 5 1 5 1 5 1 5 1			02/22/1995		T An	plied For
2. Principal Place of Business	2a. Mailing Address			4. FEI Number			t Applicable
21	26 Suite Ant # sta			59-3288417		\$8.75	
Suite, Apt. #, etc. 22 2829 SW SR 45	Suite, Apt. #, etc. 27 2829 S心	<01	45	5. Certifcate of Status Desired		Fee Re	
22 2829 SW SK T3 City & State	City & State		 	6. Election Campaign Financing		\$5.00	May Bo
	28 NEWBERR	ሃ /	Fl	Trust Fund Contribution		Added t	
Zip Country 4 4	Zip	Country		8. This corporation owes the curre	ent vear Intar	ngible	
32669 25 Alactua	29 32 469 30		USA	Personal Property Tax.		ŬYes _	Ľ No _
9. Name and Address of Curren		-		10. Name and Address of New F	tegistered A	gent	
		81	Name				
BASS, MARION S		82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
2829 S.W. SR 🕪 45		62	Silect Addit				
NEWBERRY FL 32669		83					
		04	0"		 	85 Zip (
		84	City		FL	85 Zip ()
11. Pursuant to the provisions of Sections 607,050; office or registered agent, or both, in the State	of Florida. Such change was auth	iorized by t	the corporatio	oration submits this statement for the on's board of directors. I hereby accep	purpose of control the appoint	hanging its ment as re	registered gistered
office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate SIGNATURE MARKETS Signature, typed or printed name of registered agent	of Florida. Such change was auth- tions of, Section 607.0505, Florida ASS tt and title if applicable. (NOTE: Re	a Statutes.	the corporatio	on's poard of directors. Thereby accept	DATE DATE	31-9	9
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP