

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90052 025 ***150.00

DOCUMENT # P95000046141

1. Corporation Name

THE OTHER BASSWOOD, INC.



Principal Place of Business

13300 S. CLEVELAND AVE.
SUITE 55
FT. MYERS FL 33907

Mailing Address

13300 S. CLEVELAND AVE.
SUITE 55
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

65-0587479

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 501 Goodlette Rd N.

2a. Mailing Address

26 501 Goodlette Rd N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C107

27 Suite C107

City & State

City & State

23 Naples FL

28 Naples, FL

Zip Country

29 34102 30 USA

9. Name and Address of Current Registered Agent

OLSON, BRUCE D
13300 S. CLEVELAND AVE.
SUITE 55
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

OLSON, Bruce D

82 Street Address (P.O. Box Number is Not Acceptable)

501 Goodlette Rd N.

83 Suite C107

84 City

Naples

FL

85 Zip Code

34102

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

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

(NOTE: Registered Agent signature required when reinstating)

2/26/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME OLSON, BRUCE D
STREET ADDRESS 1910 GULFSHORE BLVD N 202
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 9414300660

Date

Daytime Phone #

CR2E034 (1/98)