

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90062 046 ***150.00

DOCUMENT # P95000092433

1. Corporation Name
BASCO, INC.

Principal Place of Business

2621 GREEN VALLEY ST.
VALRICO FL 33594
US

Mailing Address

PO BOX 868
VALRICO PR 33594
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

65-0653934

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

21 601 E Franklin St.

Suite, Apt. #, etc.

22 2-4

City & State

23 Tampa, FL

Zip Country

24 33619 25 HI

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LEFEW, PAUL
2621 GREEN VALLEY ST.
VALRICO FL 33594

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 607.0502 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LEFEW, PAUL
STREET ADDRESS 2621 GREEN VALLEY ST.
CITY-ST-ZIP VALRICO FL

TITLE V.P. ☐ DELETE

NAME Gary Alan Nichols
STREET ADDRESS 16006 Madison Est. Ln.
CITY-ST-ZIP Tampa, FL 33619

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☐ Change ☒ Addition

1.2 NAME Gary Alan Nichols
1.3 STREET ADDRESS 16006 Madison Est. Ln.
1.4 CITY-ST-ZIP Tampa, FL 33619

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Gregory Gerard Brandel
2.3 STREET ADDRESS 15501 Bruce B. Downs Blvd.
2.4 CITY-ST-ZIP Tampa, FL 33647

3.1 TITLE V.P. ☐ Change ☒ Addition

3.2 NAME Ronald Orend
3.3 STREET ADDRESS 12141 State Street
3.4 CITY-ST-ZIP Oldsmar, FL 33635

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

Date

Daytime Phone #

CR2E034 (1/98)