

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 11, 1999 8:00 am
Secretary of State

05-11-1999 90037 035 ***150.00

DOCUMENT # P97000058947

1. Corporation Name
BASS INVESTMENT GROUP, INC.



Principal Place of Business
1754 WEST NEW LENOX LANE
DUNNELLON FL 34431

Mailing Address
1754 WEST NEW LENOX LANE
DUNNELLON FL 34431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/07/1997

4. FEI Number
59-3482378

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 4055 W. SHAFER COURT

2a. Mailing Address

Suite, Apt. #, etc.

27 4055 W. SHAFER COURT

City & State

28 DUNNELLON, FL

Zip

29 34433

Country

30 USA

Suite, Apt. #, etc.

22 DUNNELLON, FL

City & State

23 34433

Zip

Country

25 USA

24

9. Name and Address of Current Registered Agent

COGSWELL, RICHARD J
1754 WEST NEW LENOX LANE
DUNNELLON FL 34431

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 PD
NAME COGSWELL, RICHARD J
STREET ADDRESS 1754 WEST NEW LENOX LANE
CITY-ST-ZIP DUNNELLON FL 34431

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MARY JANE COGSWELL
1.3 STREET ADDRESS 4055 W. SHAFER COURT
1.4 CITY-ST-ZIP DUNNELLON, FL 34433

2.1 TITLE V PD
2.2 NAME RICHARD COGSWELL
2.3 STREET ADDRESS 4055 W. SHAFER COURT
2.4 CITY-ST-ZIP DUNNELLON, FL 34433

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 (11/98)

0487659