

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/15/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 22 11 01 23

DOCUMENT # 219251 (6)

1. Corporation Name
BASSETT BROTHERS, INC.

Principal Place of Business Mailing Address
**3 MILES E. OF MONTICELLO ON HWY. 146
ROUTE 2, BOX 17A
MONTICELLO FL 32344**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/15/1959** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-6078501** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BASSETT, W W III
HWY 148 RTE 2 BOX 17A
MONTICELLO FL 32344**

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	STD
NAME	EADE, DALE H
STREET ADDRESS	1875 E ROCKY BRANCH RD
CITY - ST - ZIP	MONTICELLO FL
TITLE	D
NAME	TRAWICK, LUCY B
STREET ADDRESS	324 N SUNSET CIR
CITY - ST - ZIP	GULF BREEZE FL
TITLE	D
NAME	CSAR, MARY B
STREET ADDRESS	801 SW 16TH ST
CITY - ST - ZIP	BOCA RATON FL
TITLE	DC
NAME	BASSETT JR, W W
STREET ADDRESS	1326 NW 16TH ST
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	GOSSELIN, CAROLYN B
STREET ADDRESS	1825 BISCAYNE DR
CITY - ST - ZIP	ORLANDO FL
TITLE	PD
NAME	BASSETT, WILMER W. III
STREET ADDRESS	RT 2 BOX 17-A
CITY - ST - ZIP	MONTICELLO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 resolver 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 in an attachment with an address.

SIGNATURE: *W.W. Bassett III Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR

6/8/95 904-997-5400
DATE DAYTIME PHONE #

CR2E034 (3/95)