

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 219251 (6)

1. Corporation Name
BASSETT BROTHERS, INC.



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

3. Date Incorporated or Qualified **01/15/1959**
 3a. Date of Last Report **06/22/1995**
 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 Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
BASSETT, W W III
HWY 146 RTE 2 BOX 17A
MONTICELLO FL 32344

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 _____ (NOTE: Registered Agent signature required when translating) (DATE) _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	STD	<input checked="" type="checkbox"/>
NAME	EADE, DALE H	
STREET ADDRESS	1675 E ROCKY BRANCH RD	
CITY - ST - ZIP	MONTICELLO FL	
TITLE	D	<input type="checkbox"/>
NAME	TRAWICK, LUCY B	
STREET ADDRESS	324 N SUNSET CIR	
CITY - ST - ZIP	GULF BREEZE FL	
TITLE	D	<input type="checkbox"/>
NAME	CSAR, MARY B	
STREET ADDRESS	801 SW 16TH ST	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DC	<input checked="" type="checkbox"/>
NAME	BASSETT JR, W W	
STREET ADDRESS	1326 NW 16TH ST	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/>
NAME	GOSSELIN, CAROLYN B	
STREET ADDRESS	1825 BISCAYNE DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/>
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		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 119.07(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: W. W. Bassett III 6/27/96 904-991-5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)

CR2E034 (3/96)