FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L83107** **(7)**

1. Corporation Name

GIFT BASKET SUPPLY WORLD, INC.

Principal Place of Business	Mailing Address
C/O JOHN S. WINKLER 2515 OAK STREET JACKSONVILLE FL 32204-4503	C/O JOHN S. WINKLER 2515 OAK STREET JACKSONVILLE FL 32204-4503

3. Date Incorporated or Qualified: **06/25/1990**
3a. Date of Last Report: **02/21/1995**

4. FEI Number: **62-1435201** ☐ 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
21 120 Cleveland St	26 120 Cleveland St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Jacksonville FL	28 Jacksonville FL
24 Zip 32204 25 Country USA	29 Zip 32204 30 Country USA

9. Name and Address of Current Registered Agent

PAULK, DAVID L.
120 CLEVELAND ST.
JACKSONVILLE FL 32204

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 Section 607.1502 and 617.1502, 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 607.325, Florida Statutes.

SIGNATURE: Patricia Frering Patricia Frering 4/9/96
(Signature of New Registered Agent, if changed) (Name of New Registered Agent, if changed) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROBERT I.		12 NAME	
STREET ADDRESS	199 NORTH SHEFFIELD DR.		13 STREET ADDRESS	
CITY-ST-ZIP	CREOLA AL		14 CITY ST ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, CAROLYN V.		22 NAME	
STREET ADDRESS	199 NORTH SHEFFIELD DR.		23 STREET ADDRESS	
CITY-ST-ZIP	CREOLA AL		24 CITY ST ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FRERING, PATRICIA L.		32 NAME	
STREET ADDRESS	2518 HERSCHEL ST.		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY ST ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this foreign corporation's annual report or supplemental 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 added on an attachment with an address.

SIGNATURE: Patricia Frering 4/9/96 904-353-6278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)