

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

**DOCUMENT # L83107**

1. Corporation Name

GIFT BASKET SUPPLY WORLD, INC.

Principal Place of Business

 1537 FAIRFIELD PL  
JACKSONVILLE FL 32206  
US

Mailing Address

 1537 FAIRFIELD PL  
JACKSONVILLE FL 32206  
US

FILED

92 FEB 19 PM 4:47

 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1990

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 owes the current year Intangible  
Personal Property Tax.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

 PAULK, DAVID L.  
815 HAINE ST  
JACKSONVILLE FL 32208

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

David L. Paulk

(NOTE: Registered Agent signature required when resigning)

11/1/99

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

BROWN, ROBERT I.

STREET ADDRESS

199 NORTH SHEFFIELD DR.

CITY-ST-ZIP

CREOLA AL

☐ DELETE

TITLE

D

NAME

BROWN, CAROLYN V.

STREET ADDRESS

199 NORTH SHEFFIELD DR.

CITY-ST-ZIP

CREOLA AL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change ☒ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition
 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:

David L. Paulk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

904624-1902

Daytime Phone #

CR2E034 (11/98)