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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L98749 (9)

1. Corporation Name
BASKETS TO REMEMBER, INC.

Principal Place of Business
5543 NINTH STREET NORTH
ST. PETERSBURG FL 33703
US

Mailing Address
5543 NINTH STREET NORTH
ST. PETERSBURG FL 33703-1203
US



2. Principal Place of Business

21 146 Fourth Avenue N.E.
Suite, Apt. #, etc.

22 City & State

23 St. Petersburg, FL

24 33701 25 US

2a. Mailing Address

26 146 Fourth Avenue N.E.
Suite, Apt. #, etc.

27 City & State

28 St. Petersburg, FL

29 33701 30 US

3. Date Incorporated or Qualified
08/28/1990

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3030646

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

9. Name and Address of Current Registered Agent

DRUYOR, JOLYNN
5543 NINTH ST., N.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name
JoLynn Druyor

82 Street Address (P.O. Box Number is Not Acceptable)
146 Fourth Avenue N.E.

83

84 City
St. Petersburg

FL

85 Zip Code
33701

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 *JoLynn Druyor*

(NOTE: Registered Agent signature required when reinstating)

DATE *2/26/97*

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME DRUYOR, JOLYNN
STREET ADDRESS 1414 85TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE VTS ☐ DELETE
NAME DRUYOR, BILL
STREET ADDRESS 1414 85TH AVE N
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *JoLynn Druyor* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)