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May 01 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 # P95000057649 (2)

1. Corporation Name
THE BASKET CONNECTION, INC.



Principal Place of Business

6271-24 ST. AUGUSTINE ROAD
SUITE 123
JACKSONVILLE FL 32217

Mailing Address

6271-24 ST. AUGUSTINE ROAD
SUITE 123
JACKSONVILLE FL 32217-2556

2. Principal Place of Business

21 5045 Palm Valley Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 5045 Palm Valley Rd
Suite, Apt. #, etc.

22 City & State

23 Ponte Vedra Bch, FL

24 Zip

32082

25 Country

ST. Johns

27 City & State

28 Ponte Vedra Bch, FL

29 Zip

32082

30 Country

ST. Johns

8. Name and Address of Current Registered Agent

FLEETWOOD, BETTY A
5045 PALM VALLEY ROAD
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

10/17/1996

4. FEI Number

59-3352654

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

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

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME REAGOR, CHERYL T
STREET ADDRESS 6271-24 ST. AUGUSTINE RD., STE 123
CITY-STATE-ZIP JACKSONVILLE FL 32217

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Cheryl T. Reagor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97 904-273-0224
Date Daytime Phone #

CR2E034 (9/96)