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 # **P95000070690 (9)**

1. Corporation Name
SUNSHINE GIFT BASKETS INC.

Principal Place of Business	Mailing Address
4731 E SERENA DR TAMPA FL 33617	4731 E SERENA DR TAMPA FL 33617

3. Date Incorporated or Qualified: 09/12/1995
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3344612 — ☐ 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

SIRISKA, JOANNE
6822 22 AVE NORTH SUITE 277
ST PETERSBURG FL 33710

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 _____ DATE
Signature, typed or printed name of registered agent (and the if applicable) — DATE Registered Agent's signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	OWNER/PRESIDENT, SECRETARY, TREASURER,
NAME	PATRICIA R. MAXWELL
STREET ADDRESS	4731 EAST SERENA DRIVE
CITY-ST-ZIP	TAMPA, FLA 33617 ☐ DELETE
TITLE	VICE PRESIDENT
NAME	DOUGLAS E MAXWELL
STREET ADDRESS	4731 EAST SERENA DRIVE
CITY-ST-ZIP	TAMPA, FLA 33617 ☐ DELETE
TITLE	SEC. ☐ DELETE
NAME	PATRICIA MAXWELL
STREET ADDRESS	4731 EAST SERENA DR.
CITY-ST-ZIP	TAMPA, FL 33617-3922
TITLE	TREA SURER ☐ DELETE
NAME	PATRICIA MAXWELL
STREET ADDRESS	4731 EAST SERENA DR.
CITY-ST-ZIP	TAMPA, FL 33617-3922

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	600001856886
53 STREET ADDRESS	-06/10/96--01019--056
54 CITY-ST-ZIP	***25.00
61 TITLE	☐ Change ☐ Addition
62 NAME	900001856889
63 STREET ADDRESS	-06/10/96--01019--057
64 CITY-ST-ZIP	***200.00

CR2E034 (12/95)

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)(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: Patricia R Maxwell — May 10, 1996 — (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
PATRICIA R. MAXWELL — 968-3774