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 # P96000084799

FAST BASKET INC.

,

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

Principal Place of Business 16228 NORTH WEST 118TH PL. ALACHUA FL 32615

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

16228 NORTH WEST 118TH PL. ALACHUA FL 32615

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90018 036 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10/10/1996

59-3416232

Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BLAIR, WILLIAM BLAKE 16228 NORTH WEST 118TH PL ALACHUA FL 32615 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS
9. Name and Address of Current Registered Agent BLAIR, WILLIAM BLAKE 16228 NORTH WEST 118TH PL. ALACHUA FL 32615 82 Street Address (P.O. Box Number is Not Acceptable) 83 ALCity 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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NAME BLAIR, WILLIAM BLAKE 12 NAME
STREET ADDRESS 16228 NORTH WEST 118TH PL. 1.3 STREET ADDRESS
CITY-ST-ZIP ALACHUA FL 32615 14 CITY-ST-ZIP
TITLE D Change Ado
NAME GODFREY, DANIEL 22 NAME
STREET ADDRESS RTE. 2, BOX 647
CITY-ST-ZIP HIGH SPRINGS FL 32643 2.4 CITY-ST-ZIP
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NAME 32 NAME
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NAME 4.2 NAME
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NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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

Thereby certify that the information supplied with this little details that 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

LUSIGNAZIRESUS OUIRWITTON B. Blair

<u> 3-26-99</u>

904-4/8-036/ Daytime Phone # CR2E034 (11/98)