

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90062 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P97000109036
 1. Corporation Name
 Basket Galleria of Pensacola Corp

Principal Place of Business: 3830 N. DAVIS Hwy, Pensacola, Fl. 32503 US
 Mailing Address: 3830 N. DAVIS Hwy, Pensacola, Fl. 32503 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3830 N. DAVIS Hwy, Suite, Apt. #, etc.
 2a. Mailing Address: See # 2-21-22-23 + Suite, Apt. #, etc. 24-25
 23. City & State: Pensacola, Fl. 32503
 24. Zip: 32503, Country: Escambia
 29. Zip: , Country:

3. Date Incorporated or Qualified: 7-2-1998
 4. FEI Number: 59-3483897
 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
 Jones, Jack L II
 9761 Quail Hollow Circle
 Pensacola, Fl. 32514

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: Jack L. Jones II, President 3-19-99
 DATE: 3-19-99

12. OFFICERS AND DIRECTORS

TITLE	JONES, JACK L. II	<input type="checkbox"/> DELETE
NAME	9761 Quail Hollow Circle	
STREET ADDRESS	Pensacola, Fl. 32514	President
CITY-ST-ZIP		
TITLE	JONES, JACK L. II	<input type="checkbox"/> DELETE
NAME	9761 Quail Hollow Circle	
STREET ADDRESS	Pensacola, Fl. 32514	Secretary
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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: Jack L. Jones II 3-19-99 850-433-5700

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