FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 17 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S66195** **(6)**

1. Corporation Name
ONCE UPON A BASKET INC.

Principal Place of Business	Mailing Address
12834 MANDARIAN ROAD JACKSONVILLE FL 32223	12834 MANDARIAN ROAD JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/08/1991**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business
21 Same Above
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 Same above
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-3132077** ☐ 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

MARIE A. CASSIDY
3909 SUNBEAM RD
SUITE 113
JACKSONVILLE FL 32257

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MARIE A CASSIDY, NICOLE	1.2 NAME	Nicole Knecht	
STREET ADDRESS	3909 SUNBEAM RD	1.3 STREET ADDRESS	12834 Mandarian Rd	
CITY-ST-ZIP	JAX FL 32257	1.4 CITY-ST-ZIP	Jax, Fl 32223	
TITLE	VP	2.1 TITLE	VP,	☒ Change ☐ Addition
NAME	NICOLE, HAGMANN	2.2 NAME	Marie Cassidy	
STREET ADDRESS	3909 SUNBEAM RD	2.3 STREET ADDRESS	12834 Mandarian Rd	
CITY-ST-ZIP	JAX FL 32257	2.4 CITY-ST-ZIP	Jax Fl 32223 (T)	
TITLE	T	3.1 TITLE	Nicole Knecht (T)	☒ Change ☐ Addition
NAME	MARIE, CASSIDY	3.2 NAME	12834 Mandarian Rd	
STREET ADDRESS	3909 SUNBEAM RD	3.3 STREET ADDRESS	Jacksonville Fl 32223	
CITY-ST-ZIP	JAX FL 32257	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Nicole Knecht Nicole Knecht 4/03/95 904 268-9912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000867 CP