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May 02 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 # 521712 (0)

1. Corporation Name
FLOWERS BAKING CO. OF FLORIDA, INC.



Principal Place of Business Mailing Address
US HIGHWAY 19 SOUTH P O BOX 1338 THOMASVILLE GA 31782
US HIGHWAY 19 SOUTH P O BOX 1338 THOMASVILLE GA 31789-1338

3. Date Incorporated or Qualified **01/07/1977** 3a. Date of Last Report **02/26/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-1301118	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22. State, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VARNEDO III, HEETH E
STREET ADDRESS	US HWY 19 S
CITY-ST-ZIP	THOMASVILLE GA
TITLE	ST <input type="checkbox"/> DELETE
NAME	RICH, SCOTT
STREET ADDRESS	US HWY 19 S
CITY-ST-ZIP	THOMASVILLE GA
TITLE	AT <input type="checkbox"/> DELETE
NAME	WOODWARD, JIMMY M
STREET ADDRESS	US HWY 19 S
CITY-ST-ZIP	THOMASVILLE GA
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	TASHIE, GEORGE
STREET ADDRESS	US HWY 19 S
CITY-ST-ZIP	THOMASVILLE GA
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	DEESE, GEORGE
STREET ADDRESS	US HWY 19 S
CITY-ST-ZIP	THOMASVILLE, GA 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shiver, Allen
1.3 STREET ADDRESS	1919 Flowers Circle
1.4 CITY-ST-ZIP	Thomasville, GA 31757
2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rich, Scott
2.3 STREET ADDRESS	1919 Flowers Circle
2.4 CITY-ST-ZIP	Thomasville, GA 31757
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Woodward, Jimmy M
3.3 STREET ADDRESS	1919 Flowers Circle
3.4 CITY-ST-ZIP	Thomasville, GA 31757
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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: *Jimmy M. Woodward* **Jimmy M Woodward** 4/21/97 912-226-9110
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)