

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 21 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 31792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1919 Flowers Circle 26 1919 Flowers Circle
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 City & State
24 31757 25 Country 29 31757 30 Country

3. Date Incorporated or Qualified
01/07/1977
4. FEI Number 58-1301118 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
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 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHIVER, ALLEN 1919 FLOWERS CIRCLE THOMASVILLE GA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Craig White 1.3 STREET ADDRESS 1919 Flowers Circle 1.4 CITY - ST - ZIP Thomasville, GA 31757
TITLE	ST RICH, SCOTT US HWY 19 S THOMASVILLE GA	<input type="checkbox"/> DELETE	2.1 TITLE S 2.2 NAME Scott Rich 2.3 STREET ADDRESS 1919 Flowers Circle 2.4 CITY - ST - ZIP Thomasville, GA 31757
TITLE	T WOODWARD, JIMMY M 1919 FLOWERS CIRCLE THOMASVILLE GA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T 3.2 NAME Karyl Lauder 3.3 STREET ADDRESS 1919 Flowers Circle 3.4 CITY - ST - ZIP Thomasville, GA 31757
TITLE	S TASHIE, GEORGE US HWY 19 S THOMASVILLE GA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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4/21/98

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: [Handwritten signatures]

CR2E034 (10/97)