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FILED
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 # H27859 (8)
 1. Corporation Name
FLOWERS BAKING COMPANY OF BRADENTON, INC.



Principal Place of Business Mailing Address
6490 PARKLAND DRIVE SARASOTA FL 34223-4035 US
P O BOX 1338 THOMASVILLE GA 31789-1338 US

3. Date Incorporated or Qualified **10/30/1984** 3a. Date of Last Report **01/25/1996**
 4. FEI Number **58-1723981** 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

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

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

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TASHIE, GEORGE | |
| STREET ADDRESS | U.S. HIGHWAY 19 SOUTH | |
| CITY - ST - ZIP | THOMASVILLE GA | |
| TITLE | PDV | <input type="checkbox"/> DELETE |
| NAME | COATE, JOHN | |
| STREET ADDRESS | 6490 PARKLAND DRIVE | |
| CITY - ST - ZIP | SARASOTA FL 35 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | PEDRICK, MARK | |
| STREET ADDRESS | 6490 PARKLAND DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | WOODWARD, JIMMY | |
| STREET ADDRESS | U.S. HIGHWAY 19 SOUTH | |
| CITY - ST - ZIP | THOMASVILLE GA | |
| 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

| | | |
|---------------------|----------------------------------|--|
| 1.1 TITLE | Vice President / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Heeth Varnedoe IV | |
| 1.3 STREET ADDRESS | 1919 Flowers Circle | |
| 1.4 CITY - ST - ZIP | Thomasville, GA 31757 | |
| 2.1 TITLE | President/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 1919 Flowers Circle | |
| 4.4 CITY - ST - ZIP | Thomasville, GA 31757 | |
| 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* **LOUHH** **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)