

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

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**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90002 006 \*\*\*550.00



PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **H27859**

1. Corporation Name  
**FLOWERS BAKING COMPANY OF BRADENTON, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**6490 PARKLAND DRIVE  
 SARASOTA FL 34223-4035  
 US**

Mailing Address  
**1919 FLOWERS CIRCLE  
 THOMASVILLE GA 31757  
 US**

3. Date Incorporated or Qualified  
**10/30/1984**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-1723981		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		29	
Zip		Country		25		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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	VPD STONE, TODD 1919 FLOWERS CIRCLE THOMASVILLE GA 31757	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD COATE, JOHN 6490 PARKLAND DRIVE SARASOTA FL	2.1 TITLE	McCombs, Rick PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	1919 Flowers Circle
STREET ADDRESS		2.3 STREET ADDRESS	Thomasville, GA 31757
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST PEDRICK, MARK 6490 PARKLAND DRIVE SARASOTA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AT LAUDER, KARYL 1919 FLOWERS CIRCLE THOMASVILLE GA 31757	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD SCHWARTZ, JOHN 1919 FLOWERS CIRCLE THOMASVILLE GA 31757	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS RICH, SCOTT 1919 FLOWERS CIRCLE THOMASVILLE GA 31757	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Avera, Steve
STREET ADDRESS		6.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Thomasville, GA 31757

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: Karyl Lauder Date: 5/1/99 Daytime Phone #: 912-226-9110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)