

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J41531 (1)**

1. Corporation Name  
**FLOWERS BAKING CO. OF ORLANDO, INC.**



Principal Place of Business: **2424 ORLANDO CENTRAL PARKWAY ORLANDO FL 32809 US**  
Mailing Address: **P.O. BOX 1338 THOMASVILLE GA 31799**

3. Date Incorporated or Qualified: **11/10/1986**  
3a. Date of Last Report: **03/06/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FET Number <b>59-2735759</b>	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
24	Zip	29	Country	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, JIM	1.2 NAME	
STREET ADDRESS	2424 ORLANDO CENTRAL PARKWAY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMERS, BARRY	2.2 NAME	
STREET ADDRESS	2424 ORLANDO CENTRAL PARKWAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASHIE, GEORGE	3.2 NAME	
STREET ADDRESS	U.S. HWY. 19 SOUTH	3.3 STREET ADDRESS	
CITY-STATE-ZIP	THOMASVILLE GA	3.4 CITY-STATE-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, SCOTT	4.2 NAME	
STREET ADDRESS	U.S. HWY. 19 SOUTH	4.3 STREET ADDRESS	
CITY-STATE-ZIP	THOMASVILLE GA	4.4 CITY-STATE-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, JIMMY M	5.2 NAME	
STREET ADDRESS	U.S. HWY. 19 SOUTH	5.3 STREET ADDRESS	
CITY-STATE-ZIP	THOMASVILLE GA	5.4 CITY-STATE-ZIP	
TITLE	ST	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANACHER, JIM	6.2 NAME	
STREET ADDRESS	2424 ORLANDO CENTRAL PARKWAY	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	6.4 CITY-STATE-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)(k), 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** 2/13/96 **912-226-9110**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)