

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

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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 # 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 31789-1338**

3. Date Incorporated or Qualified: **11/10/1986**  
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business: **21** State, Apt #, etc. **22** City & State **23** Zip **24** Country **25**  
2a. Mailing Address: **26** Suite, Apt #, etc. **27** City & State **28** Zip **29** Country **30**  
4. FEI Number: **59-2735759** 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: TASKIE, GEROGE STREET ADDRESS: 11798 US HWY 19 S CITY - ST - ZIP: THOMASVILLE GA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TASHIE, GEORGE STREET ADDRESS: U.S. HWY. 19 SOUTH CITY - ST - ZIP: THOMASVILLE GA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: Director / President 2.2 NAME: Shiver, Allen 2.3 STREET ADDRESS: 1919 Flowers Circle 2.4 CITY - ST - ZIP: Thomasville, GA 31757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: RICH, SCOTT STREET ADDRESS: U.S. HWY. 19 SOUTH CITY - ST - ZIP: THOMASVILLE GA	<input type="checkbox"/> DELETE	3.1 TITLE: Secretary 3.2 NAME: Rich, Scott 3.3 STREET ADDRESS: 1919 Flowers Circle 3.4 CITY - ST - ZIP: Thomasville, GA 31757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AT NAME: WOODWARD, JIMMY M STREET ADDRESS: U.S. HWY. 19 SOUTH CITY - ST - ZIP: THOMASVILLE GA	<input type="checkbox"/> DELETE	4.1 TITLE: Treasurer 4.2 NAME: Woodward, Jimmy 4.3 STREET ADDRESS: 1919 Flowers Circle 4.4 CITY - ST - ZIP: Thomasville, GA 31757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: GRANACHER, JIM STREET ADDRESS: 2424 ORLANDO CENTRAL PARKWAY CITY - ST - ZIP: ORLANDO FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)