

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: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J41531 (1)
1. Corporation Name
FLOWERS BAKING CO. OF ORLANDO, INC.



DO NOT WRITE IN THIS SPACE

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
4. FEI Number: 59-2735759
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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

2. Principal Place of Business: 21 Sulte, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 1919 Flowers Circle; 27 Sulte, Apt. #, etc.; 28 Thomasville GA; 29 Zip 31757; 30 Country

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: B1 Name; B2 Street Address (P.O. Box Number is Not Acceptable); B3; B4 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 title 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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	1919 FLOWERS CIRCLE		1.2 NAME
STREET ADDRESS	THOMASVILLE GA		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	S RICH, SCOTT	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	1919 FLOWERS CIRCLE		2.2 NAME
STREET ADDRESS	THOMASVILLE GA		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	T WOODWARD, JIMMY M	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	1919 FLOWERS CIRCLE		3.2 NAME
STREET ADDRESS	THOMASVILLE GA		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

Change Addition
 PD Craig White
 1919 Flowers Circle
 Thomasville, GA 31757
 200002498842--8
 -04/24/98--01008--008
 *****150.00 **317570.00
 Change Addition
 T Karyl Lauder
 1919 Flowers Circle
 Thomasville, GA 31757
 Change Addition

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.

CR2E034 (10/97)

Handwritten signature and date: 4/21/98