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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

267711

(0)

EDGEWOOD BAKERY, INC.

Principal Place of Business Mailing Address 1022 S EDGEWOOD AVE 1022 S EDGEWOOD AVE JACKSONVILLE FL 32205 JACKSONVILLE FL 32205

FILED Jan 23, 1996 08:00 AM **Secretary of State**

3. Date Incorporated or Qualified 3a. Date of Last Report



					03/04/1963	01/13/1995	
2. Principal Place of Business		2a. Mailing Address	i		4. FEI Number		Applied For
21		26	26		59-0999456		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	5 Additional
22		27			Contribute of Status Desired		Required
City & State		Orty & State		6. Election Campaign Financing	\$5.0	00 May Be	
23	23		28		Trust Fund Contribution		ed to Fees
Zφ	Country	Zφ	Country		8. This corporation has liability for in	tangible tax under s	199.032,
24	25	29	30		Florida Statutes		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
POLLETTA, GARY W.				82: Street Address (F.O. Box Number is Not Acceptable)			
1022 S EDGEWOOD AVE S				Officer Address (1.0. Flox Natinosi is Not Acceptable)			
4737 GLENWOOD AVE							
JACKSONVILLE 32205							
0.10110			84	City		F1 85 Z	ip Code
11. Pursuant to	the provisions of Sections 607,0502	and 607.1508. Florida S	tatutes, the above n	amed corpora	ation submits this statement for the pure	222 25 25 22 22	registered office
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							
raining with, and accept the transparents of, Section 607.0005, Florida Statutes.							
SIGNATURE _	Signature, typed or printed name of registered agree	South folia of sounds about	(NOTE: Registered Agent	e-motive roo incid		DATE	
12.	OFFICERS ANI		13.	agriatin: reg moo	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TOLE	PTD	DELETE	1. 1 TITLE		7.00/10/10/01/10/20 10 0//10	Change	Addition
NAM	POLLETTA, GARY W.	<u> </u>	1.2 NAME				
STELL ASSESS	4737 GLENWOOD AVE.		1.3 STREET A	(CODECC			
CHY-SI-ZIP	JACKSONVILLE FL			l			
111.4	VSD	☐ DELETE	1.4 CITY - ST 2 1 TITLE	- 2)P		Change	Addition
NAMI	POLLETTA, SAUNDRA R.	Dent le	2 2 NAME				T YOURION
STREET ADDRESS	4737 GLENWOOD AVE.						
1	JACKSONVILLE FL		23 STREET A				
, GRY-S1 ZIP TITLE	JAONGONVILLE FE	DELETE	24 CITY-ST 3 1 TITLE	- ZIP	•	C1 Chann	- Aughte
NAME		[] жий				Change	Addition
			3 2 NAME	-			
STREET ACIDRESS			3.3. STREET	1			
CITY S1-ZIP		F T Direct	34 CITY-\$1	- ZIP		F A.	
1616		[] DEFELE	4 1 THLE	1		Change	☐ Addition
NAME			4 2 NAME	}			
STHEE! ADDRESS			43 STREET A	1			
Ci*Y-Si-ZiP		FTI DEL 120	44 CITY-ST	-7IP			
11°1.F		[] DELETE	5 1 THILE			Change	☐ Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREET A	WDRESS			
CITY-ST-ZP			54 CITY-ST	- 2 IP			
1016		DELETE	6 1 TITLE			Change	☐ Addition
NAME			6.2 NAME	Ì			
STREET ADDRESS			6 3 STREET A	ODRESS			
C 1Y+\$1+7-P			64 CITY-ST	- Z IP			
14 Lein bewell.	condition that the information a making	riels thin Elipse in real manuals	. Caralaba at a sal at a sa				

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). Fiorida 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name