FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:02

DOCUMENT # 312210 (8)

1. Corporation Name
SMITH'S BAKERY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 70137 MOBILE AL 36670-1137	P.O. BOX 70137 MOBILE AL 36670-1137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/28/1966
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 63-0191280 ☐ 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

MCLEOD, FOSTER
257 AMBER ST.
PENSACOLA FL 32522

10. Name and Address of New Registered Agent

81 Name: Vince Windham
82 Street Address (P.O. Box Number is Not Acceptable): 257 Amber ST.
83
84 City: Pensacola FL 85 Zip Code: 32522

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: Vince Windham — 1/19/95
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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DAVID	1.2 NAME	
STREET ADDRESS	1201 N. BELTLINE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, NORVELLE	2.2 NAME	
STREET ADDRESS	1201 N. BELTLINE HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL S	3.2 NAME	
STREET ADDRESS	104 FERRY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, GORDON III	4.2 NAME	
STREET ADDRESS	1201 N. BELTLINE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JOHN C	5.2 NAME	
STREET ADDRESS	1201 N. BELTLINE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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)(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: [signature] Jan 19, 1995 (205) 476-1611
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0471768 FP