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 # **312210** **(8)**

1. Corporation Name

SMITH'S BAKERY, INC.

Principal Place of Business

P.O. BOX 70137
MOBILE AL 36670-1137

Mailing Address

P.O. BOX 70137
MOBILE AL 36670-1137

2. Principal Place of Business

21 | Suite, Apt. #, etc.
22 | City & State
23 | Zip
24 | 25 Country

2a. Mailing Address

26 | Suite, Apt. #, etc.
27 | City & State
28 | Zip
29 | 30 Country

3. Date Incorporated or Qualified: 12/28/1966

3a. Date of Last Report: 02/07/1995

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

WINDNAM, VINCE
257 AMBER ST
PENSACOLA FL 32522

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

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	1201 N. BELTLINE HWY	
CITY, ST, ZIP	MOBILE AL	
TITLE	ST	☐ DELETE
NAME	SMITH, NORVELLE	
STREET ADDRESS	1201 N. BELTLINE HWY.	
CITY, ST, ZIP	MOBILE AL	
TITLE	VD	☐ DELETE
NAME	JOHNSON, MICHAEL S	
STREET ADDRESS	104 FERRY RD	
CITY, ST, ZIP	FT WALTON FL	
TITLE	CD	☒ DELETE
NAME	SMITH, GORDON III	
STREET ADDRESS	1201 N. BELTLINE HWY	
CITY, ST, ZIP	MOBILE AL	
TITLE	PD	☐ DELETE
NAME	JOHNSON, JOHN C	
STREET ADDRESS	1201 N. BELTLINE HWY	
CITY, ST, ZIP	MOBILE AL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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 report or supplemental 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, with all other like empowered.

SIGNATURE: *Norvelle Smith* — Norvelle Smith 1/16/96 (334)476-1611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)