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

359895

(0)

DOCUMENT # 1. Corporation Name

HEIDI'S BAKERY, INC.

				٠
	Ma	direct	Address	



Principal Place of	DOSITIESS	Mading Address						
1870 THOMA TALLAHASSE	SVILLE ROAD E FL 32303		1870 THOMASVILLE ROAD TALLAHASSEE FL 32303					
					3. Date incorporated or Qualified 02/11/1970	3a. Date of 03	Last Rep /08/19	
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		A	pplied For
	0. 243.1033	26			59-1308149		N	lot Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip	Country 25	Zip 29	Countr 30	у		□ No		199.032,
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	legistered Ag	ent	
			8	1 Name				
	H,WILLI I HOMASVILLE ROAD		8		ress (P.O. Box Number is Not Acceptat	ole)		
TALLAH	IASSEE FL 32303		8	3				
			В	4 City			85 Zip	Code
					oration submits this statement for the pure	<u> </u>	1	
SIGNATURE 12.	gnature, typod or protest naturiof number of april. OFFICERS AND	DIRECTORS	OTE Baji hard Aş	mint signed me for pur	ADDITIONS/CHANGES TO OFF			
TITLE	Р	[] DELETE	1 1 17/1	F			Change	Addition
NAME	GUTSCH,WILLI I		1.2 NAM	E .				
STREET ADDRESS	1870 THOMASVILLE ROAD		1.3.5TB	ET ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL	ED BY LUC		-ST-ZIP			Change	[] Addition
MILE	ST CLITECH WILLIE LOLL	□ DitF1E	2 1 111L 2 2 NAM				onang.	
NAME NAME	GUTSCH, WILLIE LOU 1870 THOMASVILLE ROAD			ET AUDRESS				
SIREEL ADDRESS	TALLAHASSEE FL			-SI 7.P				
DITY ST-ZIP	V	DELETE	3 1 1111				Change	Addition
NAME	GUTSCH, W. ANDREW		3 2 NAM	IF				
STREET ADDRESS	1870 THOMASVILLE ROAD		3.3 STE	EFT ADDRESS				
CITY-ST-ZIF	TALLAHASSEE FL			-SI-ZIF			Channa	Addition
TITLE		DELETE	4 1 1111	i		LJ	Change	Audition
NAMÉ			4.2 NAA					
STHEET ADURESS				OF TADDRESS				
CHY-ST ZIP			5 1 111	: ST-ZIP			Change	Addition
NAME NAME			5 2 NAM					
STREET ADDRESS			1	EET ADDRESS				
C-1Y - ST - ZIP				r - \$1 - Zif'				
THILE		□ DELEIE	6 1 10				Change	Addition
NAME			6.2 NAN	AE				
STREET ADDRESS			63STH	ect Address				
CITY-ST-ZIF			6.4 CiT	r-S1-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)(k). 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 cath; 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:

Wulle Son Bust

3/5/96

224-95-19