

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90106 015 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 359895

1. Corporation Name

HEIDI'S BAKERY, INC.

Principal Place of Business

1870 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

Mailing Address

1870 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1970

4. FEI Number

59-1308149

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1850 Thomasville Rd

27 1850 Thomasville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

28 City & State

Tallahassee, Fl.

Tallahassee, Fl.

24 Zip Country

29 Zip Country

32303

32303

9. Name and Address of Current Registered Agent

GUTSCH, WILLI I  
1850 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

W. Andrew Gutsch

82 Street Address (P.O. Box Number is Not Acceptable)

1850 Thomasville Rd.

83

Tallahassee, Fl.

32303

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

W. Andrew Gutsch

3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME GUTSCH, WILLI I  
STREET ADDRESS 1870 THOMASVILLE ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE

NAME GUTSCH, WILLIE LOU  
STREET ADDRESS 1870 THOMASVILLE ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☒ DELETE

NAME GUTSCH, W. ANDREW  
STREET ADDRESS 1870 THOMASVILLE ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME W. Andrew Gutsch  
1.3 STREET ADDRESS 1850 Thomasville Rd  
1.4 CITY-ST-ZIP Tallahassee, Fl. 32303

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☒ Change ☐ Addition

3.2 NAME Willi I Gutsch  
3.3 STREET ADDRESS 1850 Thomasville Rd  
3.4 CITY-ST-ZIP Tallahassee, Fl.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Willie Lou Gutsch

3/9/99

Date

850 224-9519

Daytime Phone #

CR2E034 (11/98)