

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 # 521375 (6)

1. Corporation Name:

FLOWERS BAKING CO. OF JACKSONVILLE, INC.



Principal Place of Business

2261 W 30TH ST
PO BOX 12579
JACKSONVILLE FL 32209

Mailing Address

2261 W 30TH ST
PO BOX 12579
JACKSONVILLE FL 32209

3. Date Incorporated or Qualified
01/03/1977

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1718773

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Type and print name of registered agent and title in application.

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAILEY, W. DALE	
STREET ADDRESS	2261 W 30TH ST	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAMMERS, BARRY	
STREET ADDRESS	2261 W. 30TH ST.	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RICH, SCOTT (ASST)	
STREET ADDRESS	U S HWY 19 SOUTH	
CITY - ST - ZIP	THOMASVILLE, GA 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDANIEL, B. R.	
STREET ADDRESS	2261 W 30TH ST	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TASHIE, GEORGE	
STREET ADDRESS	U.S. HWY 19 S.	
CITY - ST - ZIP	THOMASVILLE GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HJORT, PETER	
STREET ADDRESS	U S HWY 19 SOUTH	
CITY - ST - ZIP	THOMASVILLE GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 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: W DALE BAILEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 904-354-3771

Date

Daytime Phone

CR2E034 (12/95)