

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 521375

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90013 033 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1977

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 ST
NAME BAILEY, W. DALE
STREET ADDRESS 2261 W 30TH ST
CITY-ST-ZIP JACKSONVILLE, FL 0

☐ DELETE

TITLE VD
NAME HAMMERS, BARRY
STREET ADDRESS 2261 W. 30TH ST.
CITY-ST-ZIP JACKSONVILLE, FL 0

☐ DELETE

TITLE S
NAME RICH, SCOTT (ASST)
STREET ADDRESS U S HWY 19 SOUTH
CITY-ST-ZIP THOMASVILLE, GA 0

☐ DELETE

TITLE PD
NAME MCDANIEL, B. R.
STREET ADDRESS 2261 W 30TH ST
CITY-ST-ZIP JACKSONVILLE, FL 0

☐ DELETE

TITLE D
NAME SHIVER, ALLEN
STREET ADDRESS U.S. HWY 19 S.
CITY-ST-ZIP THOMASVILLE GA

☐ DELETE

TITLE T
NAME HJORT, PETER
STREET ADDRESS U S HWY 19 SOUTH
CITY-ST-ZIP THOMASVILLE GA

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

KARYL LAUDER
U.S. HWY 19 South
THOMASVILLE GA

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0045725