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FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 521712 (0)

1. Corporation Name  
FLOWERS BAKING CO. OF FLORIDA, INC.



Principal Place of Business

US HIGHWAY 19 SOUTH  
P O BOX 1338  
THOMASVILLE GA 31782

Mailing Address

US HIGHWAY 19 SOUTH  
P O BOX 1338  
THOMASVILLE GA 31789-1338

3. Date Incorporated or Qualified 01/07/1977  
3a. Date of Last Report 02/26/1996

4. FEI Number 58-1301118  
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

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

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

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 D ☒ DELETE  
NAME VARNEDO III, HEETH E  
STREET ADDRESS US HWY 19 S  
CITY-ST-ZIP THOMASVILLE GA

TITLE ST ☐ DELETE  
NAME RICH, SCOTT  
STREET ADDRESS US HWY 19 S  
CITY-ST-ZIP THOMASVILLE GA

TITLE AT ☐ DELETE  
NAME WOODWARD, JIMMY M  
STREET ADDRESS US HWY 19 S  
CITY-ST-ZIP THOMASVILLE GA

TITLE DV ☒ DELETE  
NAME TASHIE, GEORGE  
STREET ADDRESS US HWY 19 S  
CITY-ST-ZIP THOMASVILLE GA

TITLE PD ☒ DELETE  
NAME DEESE, GEORGE  
STREET ADDRESS US HWY 19 S  
CITY-ST-ZIP THOMASVILLE, GA 00000

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/President ☐ Change ☒ Addition  
1.2 NAME Shiver, Allen  
1.3 STREET ADDRESS 1919 Flowers Circle  
1.4 CITY-ST-ZIP Thomasville, GA 31757

2.1 TITLE Secretary ☒ Change ☐ Addition  
2.2 NAME Rich, Scott  
2.3 STREET ADDRESS 1919 Flowers Circle  
2.4 CITY-ST-ZIP Thomasville, GA 31757

3.1 TITLE Treasurer ☒ Change ☐ Addition  
3.2 NAME Woodward, Jimmy M  
3.3 STREET ADDRESS 1919 Flowers Circle  
3.4 CITY-ST-ZIP Thomasville, GA 31757

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 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 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: Jimmy M. Woodward  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

912-226-9110

Date

Daytime Phone #

CR2E034 (9/96)