

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 31792

Mailing Address
US HIGHWAY 19 SOUTH
P O BOX 1338
THOMASVILLE GA 31792

FILED

98 APR 21 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1919 Flowers Circle
Suite, Apt. #, etc.
22
City & State
23 Thomasville GA
Zip Country
24 31757 25
2a. Mailing Address
26 1919 Flowers Circle
Suite, Apt. #, etc.
27
City & State
28 Thomasville GA
Zip Country
29 31757 30

3. Date Incorporated or Qualified
01/07/1977
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☒ DELETE
NAME SHIVER, ALLEN
STREET ADDRESS 1919 FLOWERS CIRCLE
CITY-ST-ZIP THOMASVILLE GA
TITLE ST ☐ DELETE
NAME RICH, SCOTT
STREET ADDRESS US HWY 19 S
CITY-ST-ZIP THOMASVILLE GA
TITLE T ☒ DELETE
NAME WOODWARD, JIMMY M
STREET ADDRESS 1919 FLOWERS CIRCLE
CITY-ST-ZIP THOMASVILLE GA
TITLE S ☒ DELETE
NAME TASHIE, GEORGE
STREET ADDRESS US HWY 19 S
CITY-ST-ZIP THOMASVILLE GA
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 PD ☐ Change ☒ Addition
1.2 NAME Craig White
1.3 STREET ADDRESS 1919 Flowers Circle
1.4 CITY-ST-ZIP Thomasville, GA 31757
2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Scott Rich
2.3 STREET ADDRESS 1919 Flowers Circle
2.4 CITY-ST-ZIP Thomasville, GA 31757
3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Karyl Lauder
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
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.

SIGNATURE: [Signature]

CR2E034 (10/97)

7/21/98
4/21/98