

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **837470** (4)

1. Corporation Name

**GOLDEN FLAKE SNACK FOODS, INC.**



Principal Place of Business

Mailing Address

110 SOUTH 6TH STREET  
P.O. BOX 2447  
BIRMINGHAM AL 35201-2447  
US

110 SOUTH 6TH STREET  
P.O. BOX 2447  
BIRMINGHAM AL 35201-9447

2. Principal Place of Business

2a. Mailing Address

21 One Golden Flake Drive  
Suite, Apt. #, etc.

26 P.O. Box 2447  
Suite, Apt. #, etc.

22 City & State

23 Birmingham, Alabama

Zip

24 35233

Country

25 Jefferson

27 City & State

28 Birmingham, Alabama

Zip

29 35201-2447

Country

30 Jefferson

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/01/1976

3a. Date of Last Report

03/01/1995

4. FEI Number

63-0711846

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CBD	<input type="checkbox"/> DELETE
NAME	STEIN, JOHN S	
STREET ADDRESS	110 SOUTH 6TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DAVIS, T. L.	
STREET ADDRESS	110 SOUTH 6TH STREET	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PATE, F. W.	
STREET ADDRESS	110 SOUTH SIXTH ST.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	OWENS, GEORGE	
STREET ADDRESS	110 SOUTH SIXTH ST.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCUTCHEON, MARK	
STREET ADDRESS	110 SOUTH SIXTH ST.	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stein, John S.	
1.3 STREET ADDRESS	One Golden Flake Drive	
1.4 CITY-ST-ZIP	Birmingham, Alabama 35233	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Davis, T.L.	
2.3 STREET ADDRESS	One Golden Flake Drive	
2.4 CITY-ST-ZIP	Birmingham, Alabama 35233	
3.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pate, F.W.	
3.3 STREET ADDRESS	One Golden Flake Drive	
3.4 CITY-ST-ZIP	Birmingham, Alabama 35233	
4.1 TITLE	AC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Owens, George	
4.3 STREET ADDRESS	One Golden Flake Drive	
4.4 CITY-ST-ZIP	Birmingham, Alabama 35233	
5.1 TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McCutcheon, Mark	
5.3 STREET ADDRESS	One Golden Flake Drive	
5.4 CITY-ST-ZIP	Birmingham, Alabama 35233	
6.1 TITLE	VP/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bates, Randy	
6.3 STREET ADDRESS	One Golden Flake Drive	
6.4 CITY-ST-ZIP	Birmingham, Alabama 35233	

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: *George Owens* Assistant Controller 1/25/96 (205) 458-7133  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)