

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837470 (4)

1. Corporation Name
GOLDEN FLAKE SNACK FOODS, INC.

Principal Place of Business ONE GOLDEN FLAKE DRIVE P.O. BOX 2447 BIRMINGHAM AL 35233 US	Mailing Address POST OFFICE BOX 2447 P.O. BOX 2447 BIRMINGHAM AL 35201-2447 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
12/01/1976

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 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 **85** Zip Code **FL**

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JOHN S	12 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, T. L.	22 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	24 CITY-ST-ZIP	
TITLE	PTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, F. W.	32 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	34 CITY-ST-ZIP	
TITLE	AC	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GEORGE	42 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHEON, MARK	52 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	54 CITY-ST-ZIP	
TITLE	VPD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, RANDY	62 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	64 CITY-ST-ZIP	

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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: _____ Assistant Controller 3/02/98 (205) 458-7133

CF2E034 (10/97)