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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **837470**
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/01/1976	63-0711846	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>		
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25		29	30

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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, JOHN S	1.2 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, T. L.	2.2 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, F. W.	3.2 NAME	CFOD
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	3.3 STREET ADDRESS	Pate, F.W.
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	1 Golden Flake Drive
TITLE	AC <input type="checkbox"/> DELETE	4.1 TITLE	Birmingham, Alabama 35205 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, GEORGE	4.2 NAME	
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHEON, MARK	5.2 NAME	McCutcheon, Mark
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	5.3 STREET ADDRESS	1 Golden Flake Drive
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	Birmingham, Alabama 35205
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	EVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, RANDY	6.2 NAME	Bates, Randy
STREET ADDRESS	1 GOLDEN FLAKE DRIVE	6.3 STREET ADDRESS	1 Golden Flake Drive
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	Birmingham, Alabama 35205

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(f), 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: *George Owens* Assistant Controller 2/22/99 205 458-7133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)