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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 # 851877 (1)
1. Corporation Name
FLOWERS BAKING COMPANY OF SOUTH CAROLINA, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 1338
THOMASVILLE GA 31799 POST OFFICE BOX 1338
THOMASVILLE GA 31799-1338

3. Date Incorporated or Qualified 02/16/1982 3a. Date of Last Report 02/26/1996
4. FEI Number 59-0518564 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 Sign (type, 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	AT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, JIMMY M	1.2 NAME	
STREET ADDRESS	200 U.S. HWY 19 SOUTH	1.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP	THOMASVILLE, GA 0	1.4 CITY-ST-ZIP	Thomasville, GA 31757
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, DAN	2.2 NAME	
STREET ADDRESS	200 U.S. HWY 19 SOUTH	2.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP	THOMASVILLE GA	2.4 CITY-ST-ZIP	Thomasville, GA 31757
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, RICK	3.2 NAME	
STREET ADDRESS	200 U.S. HWY 19 SOUTH	3.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP	Thomasville, GA 31757
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, SCOTT	4.2 NAME	
STREET ADDRESS	200 U.S. HWY 19 SOUTH	4.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP	THOMASVILLE, GA 00000	4.4 CITY-ST-ZIP	Thomasville, GA 31757
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Kidd, Bob
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1919 Flowers Circle
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Thomasville, GA 31757
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 4/21/97 912-226-9110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0013039

CR2E034 (9/96)