

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851877** (1)
1. Corporation Name
FLOWERS BAKING COMPANY OF SOUTH CAROLINA, INC.

Principal Place of Business POST OFFICE BOX 1338 THOMASVILLE GA 31799	Mailing Address POST OFFICE BOX 1338 THOMASVILLE GA 31799
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7001 Asheville Hwy. Suite, Apt. #, etc. 22		2a. Mailing Address 26 1919 Flowers Circle Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 02/16/1982
City & State 23 Spartanburg SC		City & State 28 Thomasville GA		4. FEI Number 59-0518564 Applied For Not Applicable
Zip 24 29303	Country 25	Zip 29 31757	Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	
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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 AT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOODWARD, JIMMY M		1.2 NAME Mary O'Hara	
STREET ADDRESS 1919 FLOWERS CIRCLE		1.3 STREET ADDRESS 1919 Flowers Circle	
CITY-ST-ZIP THOMASVILLE GA		1.4 CITY-ST-ZIP Thomasville GA 31757	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTLEY, DAN		2.2 NAME	
STREET ADDRESS 1919 FLOWERS CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP THOMASVILLE GA		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRUITT, RICK		3.2 NAME	
STREET ADDRESS 1919 FLOWERS CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP THOMASVILLE GA		3.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICH, SCOTT		4.2 NAME	
STREET ADDRESS 1919 FLOWERS CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP THOMASVILLE GA		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIDD, BOB		5.2 NAME	
STREET ADDRESS 1919 FLOWERS CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP THOMASVILLE GA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

CR2E034 (10/97)