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Jun 07, 1999 8:00 am  
Secretary of State

06-07-1999 90016 038 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 851877

1. Corporation Name

FLOWERS BAKING COMPANY OF SOUTH CAROLINA, INC.



Principal Place of Business

7001 ASHEVILLE HWY  
SPARTANBURG SC 29303  
US

Mailing Address

1919 FLOWERS CIRCLE  
THOMASVILLE GA 31757  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1982

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ 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

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

☐ DELETE

TITLE AT  
NAME O'HARA, MARY  
STREET ADDRESS 1919 FLOWERS CIRCLE  
CITY-ST-ZIP THOMASVILLE GA 31757

TITLE PD  
NAME HARTLEY, DAN  
STREET ADDRESS 1919 FLOWERS CIRCLE  
CITY-ST-ZIP THOMASVILLE GA

TITLE ST  
NAME PRUITT, RICK  
STREET ADDRESS 1919 FLOWERS CIRCLE  
CITY-ST-ZIP THOMASVILLE GA

TITLE AS  
NAME RICH, SCOTT  
STREET ADDRESS 1919 FLOWERS CIRCLE  
CITY-ST-ZIP THOMASVILLE GA

TITLE D  
NAME KIDD, BOB  
STREET ADDRESS 1919 FLOWERS CIRCLE  
CITY-ST-ZIP THOMASVILLE GA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 5315 Oakbrook Pkwy  
1.4 CITY-ST-ZIP Norcross, GA 30093

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 5315 Oakbrook Pkwy  
2.4 CITY-ST-ZIP Norcross, GA 30093

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 5315 Oakbrook Pkwy  
3.4 CITY-ST-ZIP Norcross, GA 30093

4.1 TITLE Assistant Secretary  
4.2 NAME Stone, Rick  
4.3 STREET ADDRESS 5315 Oakbrook Pkwy  
4.4 CITY-ST-ZIP Norcross, GA 30093

5.1 TITLE Director  
5.2 NAME Lyons, David  
5.3 STREET ADDRESS 5315 Oakbrook Pkwy  
5.4 CITY-ST-ZIP Norcross, GA 30093

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Mary S. O'Hara  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/99  
Date

Daytime Phone #

CR2E034 (11/98)