

5-4-98 B-6248c
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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854198 (9)
 1. Corporation Name
FLOWERS BAKING CO. OF THOMASVILLE, INC.



Principal Place of Business 236 S MADISON ST THOMASVILLE GA 31792	Mailing Address 236 S MADISON ST THOMASVILLE GA 31792
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	1919 Flowers Circle	09/28/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				58-1330782	
22. City & State		27. City & State		5. Certificate of Status Desired	
Thomasville GA		Thomasville GA		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	
31757		31757		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B4 City	

B3		B5 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 _____ (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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICKEY	1.2 NAME	
STREET ADDRESS	236 S. MADISON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, RICK	2.2 NAME	Bonnie Harrison
STREET ADDRESS	236 S MADISON ST	2.3 STREET ADDRESS	236 Madison St
CITY-ST-ZIP	THOMASVILLE GA	2.4 CITY-ST-ZIP	Thomasville, GA 31757
TITLE	VO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, NORRIS	3.2 NAME	
STREET ADDRESS	236 S MADISON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Scott Rich
STREET ADDRESS		4.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Thomasville, GA 31757
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Karyl Lauder
STREET ADDRESS		5.3 STREET ADDRESS	1919 Flowers Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Thomasville, GA 31757
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: *[Handwritten Signature]* *[Handwritten Name]* *[Handwritten Address]*

CR2E034 (10/97)