

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 1919 Flowers Circle 27 Suite, Apt. #, etc. 28 Thomasville GA 29 31757 30 Country		3. Date Incorporated or Qualified 09/28/1982	4. FEI Number 58-1330782 Applied For Not Applicable
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

**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
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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	PD
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	2.1 TITLE	ST
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
TITLE	VD	3.1 TITLE	
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		4.1 TITLE	AS
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
TITLE		5.1 TITLE	AT
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
TITLE		6.1 TITLE	
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:

[Signature]

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)