FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sanora B. Morthami ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)**DOCUMENT #** 856843 TOM'S FOODS INC. Principal Place of Business Making Address PO BOX 60 COLUMBUS GA 31902 COLUMBUS GA 31902 3. Date incorporated or Qualified 3a. Date of Last Report 06/21/1983 04/19/1995 2a. Mailing Address 4. FET Number Applied For 2. Principal Place of Business 58-1516963 Not Appricable 26 21 Suite Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s. 199.032, Country Country Ζip $Z_{\rm IP}$ Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** 85 Zip Code 64 City 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 Suidi change was authorized by the corporation's board of directors. Thereby also ept the appointment as registered agent Tain familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typed or printed two most registered liquid and the diagram wife (No.1) - Registered April signature required which is intolrig CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 5 CITITLE TITLE ANDERSON, LYN D. 1.2 NAME NAME 6121 SEATON DR. 1.3 STREET ADDRESS STREET ADDRESS COLUMBUS GA 14 City - ST ZiP CITY - \$1 - ZIP ☐ Change Addition TITLE DELETE 2 1 TITLE Rolland 6. Divin 7100 Stillwater Dr. BRITENBACH, WILLIAM E. 2.2 NAME NAME 900 8TH STREET 2.3 STREET ADDRESS STREET ADDRESS Columbus, bA. 31904 **COLUMBUS GA** 2.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addition 3.13111.8 THUE 3.2 NAME SERFF, PAUL NAME 900 8TH STREET 3.3 STREET ADORESS STREET ADDRESS **COLUMBUS GA** 3 4 C 1Y - ST - 7IP CITY-ST-ZIP af0 Change Addition DELETÉ 4 1 ToTLE TITLE **BOWMAN, BRUCE** 4.2 NAME NAME AL Gaston 2509 Coxigston Dr. Columbus, 6A. 31906 900 8TH ST. 4.3 STREET ADDRESS STREET ADDRESS **COLUMBUS GA** 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change 5 1 TULE ☐ Addition TITLE NAME 5.2 NAME 5.3 STHEFT ADDRESS STREET ADDRESS 5.4 CiTY - \$1 - 7IP CITY-ST-ZIP Change Addition DELETE € 1.T-TLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY ST-ZIP 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that tryy signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enspowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block in changed, or on an attachment with an address

SIGNATURE: Lyn D. Anderson 4-29-96 706-323-2721