

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000000737 (5)

1. Corporation Name

HOME BAKING COMPANY, INC.



Principal Place of Business

Mailing Address

900 NORTH 16TH STREET  
BIRMINGHAM AL 35203

900 NORTH 16TH STREET  
BIRMINGHAM AL 35203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FRANKENBURG, MARK  
201 GEORGIA AVENUE  
ST. CLOUD FL 34769

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

4. FEI Number

63-0334970

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

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 the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE

NAME PCT  
STEVENS, ERNEST T  
STREET ADDRESS 900 N. 16TH STREET  
CITY-ST-ZIP BIRMINGHAM AL 35203

☐ DELETE

13. TITLE

NAME VVC  
STEVENS, ELLI T  
STREET ADDRESS 3161 GUILFORD ROAD  
CITY-ST-ZIP BIRMINGHAM AL 35223

☐ DELETE

14. TITLE

NAME SD  
STEVENS, GEORGE T  
STREET ADDRESS 900 N. 16TH STREET  
CITY-ST-ZIP BIRMINGHAM AL 35203

☐ DELETE

15. TITLE

NAME D  
KAMBURIA, HARRITTE S  
STREET ADDRESS 6218 OLIVER DR  
CITY-ST-ZIP MONTGOMERY AL 36117-3535

☐ DELETE

16. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

17. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing 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 my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation, and that my name appears in Block 12 or 13, if changed, or on any subsequent filing.

SIGNATURE:

*Ernest S. Stevens President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-205-252-1161

Day

Daytime Phone

CR2E034 (3/96)