

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

900 NORTH 16TH STREET
BIRMINGHAM AL 35203

Mailing Address

900 NORTH 16TH STREET
BIRMINGHAM AL 35203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

07/09/1996

4. FEI Number

63-0334970

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FRANKENBURG, MARK
201 GEORGIA AVENUE
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name

Chris Lombardo

82 Street Address (P.O. Box Number is Not Acceptable)

2635 Spring Glen Lane

83

84 City

Apopka

FL

85 Zip Code

32703

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

Chris Lombardo
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 8 - 1997

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME VVC
STREET ADDRESS STEVENS, ELI T
CITY-ST-ZIP 3181 GUILFORD ROAD
BIRMINGHAM AL 35223

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS KAMBURIA, HARRITETTE S
CITY-ST-ZIP 6218 OLIVER DR
MONTGOMERY AL 36117-3535

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. I do 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:

Chris Lombardo

Sept 8 - 1997

CR2E034 (4/97)