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May 02 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 # **H27859** (8)
1. Corporation Name
FLOWERS BAKING COMPANY OF BRADENTON, INC.



Principal Place of Business
**6490 PARKLAND DRIVE
SARASOTA FL 34223-4035
US**

Mailing Address
**P O BOX 1338
THOMASVILLE GA 31789-1338
US**

3. Date Incorporated or Qualified
10/30/1984

3a. Date of Last Report
01/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 58-1723981	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country			

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 **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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TASHIE, GEORGE	
STREET ADDRESS	U.S. HIGHWAY 19 SOUTH	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	PDV	<input type="checkbox"/> DELETE
NAME	COATE, JOHN	
STREET ADDRESS	6490 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL 35	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PEDRICK, MARK	
STREET ADDRESS	6490 PARKLAND DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WOODWARD, JIMMY	
STREET ADDRESS	U.S. HIGHWAY 19 SOUTH	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Heeth Varnedoe IV	
1.3 STREET ADDRESS	1919 Flowers Circle	
1.4 CITY-ST-ZIP	Thomasville, GA 31757	
2.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1919 Flowers Circle	
4.4 CITY-ST-ZIP	Thomasville, GA 31757	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jimmy M. Woodward
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy M Woodward

4/21/97

912-226-9110

Date

Daytime Phone

CR2E034 (9/96)