

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
**8490 PARKLAND DRIVE  
SARASOTA FL 34223-4035  
US**

Mailing Address  
**P O BOX 1338  
THOMASVILLE GA 31799  
US**

FILED  
98 APR 21 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>1919 Flowers Circle</b>		10/30/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-1723981	
City & State		City & State		Applied For	
23		28 <b>Thomasville, GA</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29 <b>31757</b>	30	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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VARNEDOE, HEETH I		1.2 NAME	Todd Stone			
STREET ADDRESS	1919 FLOWERS CIRCLE		1.3 STREET ADDRESS	1919 Flowers Circle			
CITY-ST-ZIP	THOMASVILLE GA		1.4 CITY-ST-ZIP	Thomasville, GA			31757
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE				600002498806-3 Addition
NAME	COATE, JOHN		2.2 NAME				-04/24/98-01008-011
STREET ADDRESS	8490 PARKLAND DRIVE		2.3 STREET ADDRESS				****150.00 ****150.00
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PEDRICK, MARK		3.2 NAME				
STREET ADDRESS	8490 PARKLAND DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP				
TITLE	AT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WOODWARD, JIMMY		4.2 NAME	Karyl Lauder			
STREET ADDRESS	1919 FLOWERS CIRCLE		4.3 STREET ADDRESS	1919 Flowers Circle			
CITY-ST-ZIP	THOMASVILLE GA		4.4 CITY-ST-ZIP	Thomasville, GA			31757
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	John Schwartz			
STREET ADDRESS			5.3 STREET ADDRESS	1919 Flowers Circle			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Thomasville, GA			31757
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	Scott Rich			
STREET ADDRESS			6.3 STREET ADDRESS	1919 Flowers Circle			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Thomasville, GA			31757

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: \_\_\_\_\_

CR2E034 (10/97)