

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J41531 (1)

1. Corporation Name

FLOWERS BAKING CO. OF ORLANDO, INC.



Principal Place of Business

2424 ORLANDO CENTRAL PARKWAY  
ORLANDO FL 32809  
US

Mailing Address

P.O. BOX 1338  
THOMASVILLE GA 31799

3. Date Incorporated or Qualified  
11/10/1986

3a. Date of Last Report  
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 filer, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MATTHEWS, JIM  
STREET ADDRESS 2424 ORLANDO CENTRAL PARKWAY  
CITY-STATE-ZIP ORLANDO FL

TITLE VD ☒ DELETE

NAME HAMMERS, BARRY  
STREET ADDRESS 2424 ORLANDO CENTRAL PARKWAY  
CITY-STATE-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME TASHIE, GEORGE  
STREET ADDRESS U.S. HWY. 19 SOUTH  
CITY-STATE-ZIP THOMASVILLE GA

TITLE AS ☐ DELETE

NAME RICH, SCOTT  
STREET ADDRESS U.S. HWY. 19 SOUTH  
CITY-STATE-ZIP THOMASVILLE GA

TITLE AT ☐ DELETE

NAME WOODWARD, JIMMY M  
STREET ADDRESS U.S. HWY. 19 SOUTH  
CITY-STATE-ZIP THOMASVILLE GA

TITLE ST ☐ DELETE

NAME GRANACHER, JIM  
STREET ADDRESS 2424 ORLANDO CENTRAL PARKWAY  
CITY-STATE-ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME George Tashie  
1.3 STREET ADDRESS 11796 US HWY 19 SOUTH  
1.4 CITY-STATE-ZIP Thomasville, GA 31792

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 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

2/13/96

912-226-9110

CR2E034 (12/95)