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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2424 ORLANDO CENTRAL PARKWAY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J41531

(1)

Mailing Address P.O. BOX 1338

FLOWERS BAKING CO. OF ORLANDO, INC.

THOMASVILLE GA 31799-1338 ORLANDO FL 32009 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1986 02/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2735759 26 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324 B3** 64 City 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 + am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typical or printed asolic of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change 1.1 TITLE THE Taskie, Geroge 1.2 NAME NAM? 11796 US HWY 19 S STREET ADDRESS 1.3 STREET ADDRESS THOMASVILLE GA 1.4 City-St-ZIP CITY - ST - ZIP Director / President Change **Addition** DELETE 2.1 TITLE MLE TASHIE, GEORGE Shiver, Allen 2.2 NAME NAME U.S. HWY. 19 SOUTH 1919 Flowers Circle 2.3 STREET ADDRESS STHEET ADDRESS THOMASVILLE GA 2.4 CITY-ST-ZIP <u>Thomasville, GA 31757</u> CUTY-ST-789 AS Change Poitibba DELETE 3.1 TITLE THE Secretary RICH, SCOTT 3.2 NAME Rich, Scott NAME U.S. HWY, 19 SOUTH STREET ADDRESS 3.3 STREET ADDRESS 1919 Flowers Circle THOMASVILLE GA 3.4. CITY-ST-ZIP Thomasv111e, GA 31757 CH t - S1 - 7IP Change Addition DELETE 1007 4.1 TITLE Treasurer WOODWARD, JIMMY M NAME 4. 2 NAME Woodward, Jimmy U.S. HWY. 19 SOUTH STEEL LABORESS 4.3 STREET ADDRESS 1919 Flowers Circle THOMASVILLE GA 4.4 CITY-ST-ZIP Thomasville, GA 31757 OTY-ST-7IP

FILED May 02 1997 8:00am Secretary of State



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.

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

GRANACHER, JIM

ORLANDO FL

2424 ORLANDO CENTRAL PARKWAY

THE

NAME

THE

NAME

STREET ADDRESS

STREET ADDRESS.

CIFY: ST. ZIP

Jimmy M. Woodward

DELETE

DELETE

4/21/97

912-226-9110

Daytime Phone #

Change

Change

Addition

Addition