

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 # 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

FILED

98 APR 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1986

4. FEI Number

59-2735759

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

25 Country

2a. Mailing Address

26 1919 Flowers Circle

27 Suite, Apt. #, etc.

28 City & State

28 Thomasville GA

29 Zip

29 31757

30 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 PD
NAME SHIVER, ALLEN
STREET ADDRESS 1919 FLOWERS CIRCLE
CITY-ST-ZIP THOMASVILLE GA
☒ DELETE

TITLE S
NAME RICH, SCOTT
STREET ADDRESS 1919 FLOWERS CIRCLE
CITY-ST-ZIP THOMASVILLE GA
☐ DELETE

TITLE T
NAME WOODWARD, JIMMY M
STREET ADDRESS 1919 FLOWERS CIRCLE
CITY-ST-ZIP THOMASVILLE GA
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Craig White
1.3 STREET ADDRESS 1919 Flowers Circle
1.4 CITY-ST-ZIP Thomasville, GA 31757
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME 200002498842--8
2.3 STREET ADDRESS -04/24/98--01008--008
2.4 CITY-ST-ZIP *****150.00 ***317570.00
☐ Change ☒ Addition

3.1 TITLE T
3.2 NAME Karyl Lauder
3.3 STREET ADDRESS 1919 Flowers Circle
3.4 CITY-ST-ZIP Thomasville, GA 31757
☐ Change ☒ Addition

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

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

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

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.

CR2E034 (10/97)