


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company SEMINOLE BAKERIES, L.C. P O BOX 162426 ALTAMONTE SPRINGS FL 32714			DOCUMENT # L96000001063		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			1a. Principal Place of Business Address 290 E ST RD 434 WINTER SPRINGS FL 32708		
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country			3. Date Organized or Qualified 10/04/1996 3a. State of Formation FL 4. FEI Number 59-3413111 5. Date of Last Report 04/21/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		
7. Name and Address of Current Registered Agent MILLER, ROBERT E 990 DOUGLAS AVENUE SUITE 102 ALTAMONTE SPRINGS FL 32714			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	METCHICK, DONALD D	2016 S ORANGE AVE		ORLANDO FL	
MGR	SWARTZ, CHRISTOPHER	242 WASHINGTON STREET		WATERTOWN NY	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					

SIGNATURE: *Donald D Metchick*

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/13/98

Date

407 645-7870

Daytime Phone #