

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

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95 APR 18 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M68451** (7)

1. Corporation Name
FLOWERS TRANSPORTATION, INC.

Principal Place of Business: **ROUTE 5 BOX 95 LIVE OAK FL 32060**

Mailing Address: **ROUTE 5 BOX 95 LIVE OAK FL 32060**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <i>RT. 5 Box 95</i>		26 <i>SAME</i>		<i>02/10/1988</i>	<i>04/14/1994</i>
22 <i>Live Oak FL</i>		27		4. FEI Number	Applied For / Not Applicable
23 <i>Florida</i>		28		<i>59-2880188</i>	<input type="checkbox"/> \$8.75 Additional Fee Required
24 <i>32060</i>	25 <i>FLORIDA</i>	29	30	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLOWERS, JOHN I., SR. ROUTE 5 BOX 95 LIVE OAK FL 32060				81 Name	<i>SAME</i>		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<i>Live Oak</i>	85 Zip Code	<i>FL 32060</i>

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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, JOHN I., SR.	1.2 NAME	
STREET ADDRESS	ROUTE 5 BOX 95	1.3 STREET ADDRESS	
CITY, ST, ZIP	LIVE OAK FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, LOIS L.	2.2 NAME	
STREET ADDRESS	ROUTE 5 BOX 95	2.3 STREET ADDRESS	
CITY, ST, ZIP	LIVE OAK FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *John I. Flowers Sr.* DATE: *4-10-95* TELEPHONE: *984-776-1655*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR