

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



**CORPORATION
ANNUAL REPORT
1995**

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P21190

(4)

95 MAY - 1 AM 11:35

1. Corporation Name
MEYER'S BAKERIES, INC.

Principal Place of Business Mailing Address
**2230 COTTONDALE LN STE 4
P.O. BOX 7498
LITTLE ROCK AR 72217** **2230 COTTONDALE LN STE 4
P.O. BOX 7498
LITTLE ROCK AR 72217**

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		26		10/05/1988	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		71-0395853	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGRAY, MORTON 11321 SATELLITE BOULEVARD ORLANDO FL 32837				B1 Name	Larry Adkins		
				B2 Street Address (P.O. Box Number is Not Acceptable)	11321 Satellite Boulevard		
				B3	Orlando, FL 32837		
				B4 City	FL	B5 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]* DATE: _____
Signature, typed or printed name of registered agent and fee if applicable NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, CHARLES T., III	12 NAME	
STREET ADDRESS	2230 COTTONDALE LN STE 4	13 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	14 CITY - ST - ZIP	
TITLE	P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, JAMES	22 NAME	
STREET ADDRESS	HWY 67 E	23 STREET ADDRESS	
CITY - ST - ZIP	HOPE AR	24 CITY - ST - ZIP	
TITLE	VPF	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLESON, WILLIAM M.	32 NAME	Jones, Gary L.
STREET ADDRESS	HWY 67 E	33 STREET ADDRESS	Hwy 67 E
CITY - ST - ZIP	HOPE AR	34 CITY - ST - ZIP	Hope, AR
TITLE	CB	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, CHARLES T., JR.	42 NAME	
STREET ADDRESS	2230 COTTONDALE LN STE 4	43 STREET ADDRESS	
CITY - ST - ZIP	LITTLE ROCK AR	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 owner or holder 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 in an attachment with an address.

SIGNATURE: *[Signature]* **James Hart, President** 4/7/95 501-777-9031
Signature and typed or printed name of signing officer or director Date Telephone #