

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P21190** (4)

1. Corporation Name
MEYER'S BAKERIES, INC.



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

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: **10/05/1988**
3a. Date of Last Report: **05/01/1995**
4. FEIN Number: **71-0395853**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ADKINS, LARRY
11321 SATELLITE BOULEVARD
ORLANDO FL 32837**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 State: **FL**; 85 Zip Code

11. Pursuant to the provisions of Sections 607.07(9) and 1607.15(4), 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. The hereby appoints the appointment as registered agent in accordance with, and accept the obligations of, Section 607.05(9), Florida Statutes.

SIGNATURE: *Larry Adkins* Larry Adkins Date: *4/11/96*

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MEYER, CHARLES T., III	
STREET ADDRESS	2230 COTTONDALE LN STE 4	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HART, JAMES	
STREET ADDRESS	HWY 67 E	
CITY-STATE-ZIP	HOPE AR	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	JONES, GARY L.	
STREET ADDRESS	HWY 67 E	
CITY-STATE-ZIP	HOPE AR	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	MEYER, CHARLES T., JR.	
STREET ADDRESS	2230 COTTONDALE LN STE 4	
CITY-STATE-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	

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 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 of this form, or on an attachment with a fullness.

SIGNATURE: *Jim Hart* Jim Hart, President 4/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)