

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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APPROVED
 AND FILED

97 JUN 23 AM 8:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P21190
 1. Corporation Name
Meyer's Bakeries, Inc.

| | |
|--|---|
| Principal Place of Business 2230 Cottondale Lane, STE.4 P. O. Box 7498 Little Rock, AR 72217 | Mailing Address 2200 Cottondale Lane STE4 P. O. Box 7498 Little Rock AR 72217 |
|--|---|

| | |
|---|--|
| 2. Principal Place of Business 21 P. O. Box 687 | 2a. Mailing Address 26 P. O. Box 687 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State Hope, AR | 28 City & State Hope, AR |
| 24 Zip 71802 | 25 Country USA |
| 29 Zip 71802 | 30 Country USA |

| | |
|--|--|
| 3. Date Incorporated or Qualified 10/5/88 | 3a. Date of Last Report 4/22/96 |
| 4. FEI Number 71-0395853 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**CT Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | Meyer, Charles T., III | |
| STREET ADDRESS | 2230 Cottondale, STE4 | |
| CITY-ST-ZIP | Little Rock, AR | |
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Hart, James | |
| STREET ADDRESS | HWY 67 E | |
| CITY-ST-ZIP | Hope, AR | |
| TITLE | VPP | <input type="checkbox"/> DELETE |
| NAME | Jones, Gary L. | |
| STREET ADDRESS | HWY 67 E | |
| CITY-ST-ZIP | Hope, AR | |
| TITLE | CB | <input type="checkbox"/> DELETE |
| NAME | Meyer, Charles T., Jr. | |
| STREET ADDRESS | 2230 Cottondale Lane, STE4 | |
| CITY-ST-ZIP | Little Rock, AR | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 300002224233--0 |
| 1.4 CITY-ST-ZIP | -06/26/97--01098--010 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ****165.00 ****165.00 |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 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: *Jim Hart* **Jim Hart, President** Date: **6/16/97** Daytime Phone #: **504-777-9031**

CR2E034 (9/96)