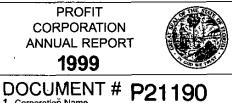
-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

MEYER'S BAKERIES, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90204 034 ***150.00

	·		_								
Principal Plac	e of Business	Mailing Address	Mailing Address				***************************************		() &1011 #1011 D.		
2230 COTTONE	PALE LANE	2230 COTTONDALE	2230 COTTONDALE LANE								
SUITE 4 SUITE 4			7224 7			DC	DO NOT WRITE IN THIS SPACE				
LITTLE ROCK AR 72217 LITTLE ROCK AR 72217						3. Date Incorporated of	3. Date Incorporated or Qualifed				
						10/05/1988					
2. Principal P	lace of Business	2a. Mailing Addre	ss			4. FEI Number			App	plied For	
21		26	_			71-0395853				t Applicable	
- Suite, Apt.	#, etc.==	Suite, Apt-#,	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required				
22		27									
City & Stat	e	City & State				6. Election Campaign Trust Fund Contribu	-		\$5.00 Added to		
Zip	Country	Zip	Col	intry				nt vear inta		0 / 665	
 , ·	25	29	¬ ' — —			8. This corporation owes the current year Intangible Personal Property Tax.					
24	9. Name and Address of Currer		[30]	1		10. Name and Addres					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·	81	Name						
	CORPORATION SYSTEM			82	Stroot A	ddress (P.O. Box Number is N	Int Accental	nle)			
) SOUTH PINE ISLAND ROAD			02	Sireet A	ndiss (F.O. box Mulliber is i	NOI ACCEPTAL	,,,,,			
PLA	NTATION FL 33324			83	-						
				84	Cin.				85 Zip (`òde	
				04	City			FL	103 2.17	7000	
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the state	of Florida. Such chang tions of, Section 607.0	e was authorize 505, Florida Stat	d by lutes	the corpor	ration's board of directors. I he	ereby accept	the appoin	tment as req	gistered ;	
12.		ID DIRECTORS	13.			ADDITIONS/CHANG	ES TO OFF	ICERS ANI	DIRECTO	RS IN 12	
TITLE	CEOB	DE	LETE 1.1 T	TLE					Change	Addition	
NAME	MEYER, CHARLES T III		1.2 N	AME							
STREET ADDRESS	AND COTTONIONIC LAND OT	E. 4	1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	LITTLE ROCK AR		1.40	ITY-S	T-Z I P						
TITLE	P	☐ DE	LETE 2.1 T	ITLE					☐ Change	☐ Addition	
NAME	HART, JAMES		2.2 N	AME							
STREET ADDRESS	1 114114	• · • · · ·	2.3 S	TREET	T ADDRESS	-		-			
CITY-ST-ZIP	HOPE AR		2.40	ITY-S	T-ZIP						
TITLE	VPF	DE	LETE 3.1 T	ITLE	}				Change	☐ Addition	
NAME	JONES, GARY L		3.2 N	AME			•				
STREET ADDRESS	HWY 67 E.		3.3 S	TREET	T ADDRESS						
CITY-ST-ZIP	HOPE AR			ITY-S	T- ZIP						
TITLE		☐ DE							Change	Addition	
NAME			4.21	IAME	1						
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP				ITY-S	T-ZIP				Change	□ Addition	
TITLE		□ DE							Change	☐ Addition	
NAME			5.2 N		T ADDRESS						
STREET ADDRESS					i i					l	
CITY-ST-ZIP				ITY-S	1-21	<u> </u>			☐ Change	Addition	
TITLE		□ 06		AME							
NAME					TADORESS						

14. I 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 enanged, or on an attachment with an address/with autother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #