

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36987 (6)

1. Corporation Name

ROYAL CAKE COMPANY, INC.



Principal Place of Business

POST OFFICE DRAWER AB, SALEM STA.
WINSTON-SALEM NC 27108

Mailing Address

POST OFFICE DRAWER AB, SALEM STA.
WINSTON-SALEM NC 27108

3. Date Incorporated or Qualified
01/06/1992

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

56-0480224

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JB MARKETING
22 BEAL PARKWAY
FT. WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and the applicable

(if 001) Registered Agent Signature, required when completing

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC
WELCH, JOHN G.
POST OFFICE DRAWER AB
WINSTON-SALEM NC

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
WELCH, EDGAR B.
POST OFFICE DRAWER AB
WINSTON-SALEM NC

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPS
WHITNEY, JAMES B.
POST OFFICE DRAWER AB
WINSTON-SALEM NC

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
ENZOR, ROSCOE H.
POST OFFICE DRAWER AB
WINSTON-SALEM NC

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T
NORMAN, G. KYLE
POST OFFICE DRAWER AB
WINSTON-SALEM NC

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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(3)(k), 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:

G. Kyle Norman G. KYLE NORMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96 910-785-8700

Date

Daytime Phone #

CR2E034 (12/95)