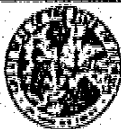


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041669 (1)

1. Corporation Name

SOUTHERN MILL BREAD CO. OF SOUTH TAMPA, INC.

Principal Place of Business

6306 S MACDILL AVE
SUITE 723
TAMPA FL 33611
US

Mailing Address

6306 S MACDILL AVE
SUITE 723
TAMPA FL 33611
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

02/03/1994

4. FEI Number

59-3187600

Applied For

Not Applicable

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

2. Principal Place of Business

21 4218 S. HENDERSON BLVD

2a. Mailing Address

26 3132 LAKESTONE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL 33611

Zip

24 33629

Country

25 US

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

WALKER, ADRON H
802 11TH ST. WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHMIDT, DAN
STREET ADDRESS 6303 S MACDILL #723
CITY-ST-ZIP TAMPA FL

TITLE CEO
NAME POTTER, RAY
STREET ADDRESS 3132 LAKESTONE DR
CITY-ST-ZIP TAMPA FL

TITLE S
NAME WEIGEL, MICKI
STREET ADDRESS 1001 FERRO
CITY-ST-ZIP GOWELL MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER, PRESIDENT ☒ Change ☐ Addition
1.2 NAME POTTER, CYNTHIA R
1.3 STREET ADDRESS 3132 LAKESTONE DR.
1.4 CITY-ST-ZIP TAMPA, FL 33618

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SEC ☒ Change ☐ Addition
3.2 NAME WEIGEL, MICKI
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP LOWELL, MI 49594

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 is correct and 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY POTTER CEO

3/19/95

(813) 960-2155