

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:32

DOCUMENT # P94000005280 (0)

1. Corporation Name

D. AND B. BAKERIES, INC.

Principal Place of Business

2005 PARK AVENUE
ORANGE PARK FL 32073

Mailing Address

2005 PARK AVENUE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3216089

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 USCF,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OWENS, DALTON H
2005 PARK AVENUE
ORANGE PARK FL 32073

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
OWENS, DALTON H
4689 HOMESTEAD RD.
JACKSONVILLE FL 32210

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
OWENS, BETTY A
4689 HOMESTEAD RD.
JACKSONVILLE FL 32210

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY, ST, ZIP

☐ Change ☐ Addition

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY, ST, ZIP

☐ Change ☐ Addition

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY, ST, ZIP

☐ Change ☐ Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY, ST, ZIP

☐ Change ☐ Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY, ST, ZIP

☐ Change ☐ Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY, ST, ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

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:

Betty A. Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 904-244-0764
DATE DAYTIME PHONE #