

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 FEB -3 PM 12: 13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000015627 (8)

1. Corporation Name  
BREAD OF LIFE BAKERY AT THE ABBEY, INC.



Principal Place of Business  
2425 SPOONWOOD DRIVE  
TALLAHASSEE FL 32303

Mailing Address  
2425 SPOONWOOD DRIVE  
TALLAHASSEE FL 32303-4005

3. Date Incorporated or Qualified: 02/20/1996  
3a. Date of Last Report  
4. FEI Number  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. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country  
29. Zip Country  
30. Zip Country

9. Name and Address of Current Registered Agent  
SCOMA, LARRY  
2425 SPOONWOOD DRIVE  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. 300002075663-8  
02/03/97--01030--004  
84. City: \*\*\*173.75 FL Zip Code: \*\*\*173.75

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] Pres  
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	Pres	<input checked="" type="checkbox"/> DELETE
NAME	Larry Scomia	
STREET ADDRESS	2425 Spoonwood Dr	
CITY-ST-ZIP	Tall Fl 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Paul M Cucinella	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pres - B Spoonwood Dr	
1.3 STREET ADDRESS	2425 Spoonwood Dr	
1.4 CITY-ST-ZIP	Tall Fl 32303	
2.1 TITLE	V. Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffery Hollock	
2.3 STREET ADDRESS	2425 Spoonwood Dr	
2.4 CITY-ST-ZIP	Tall Fl 32303	
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: [Signature] PRES  
DATE: 2/3/97 904 422-1021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)