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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 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| SCOMA, LARRY 2425 SPOONWOOD DRIVE TALLAHASSEE FL 32303 | 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. State |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|----------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| Pres | Larry Scornia | Paul M. Cucinella | 2425-B Spoonwood Dr. |
| STREET ADDRESS | 2425 Spoonwood Dr. | STREET ADDRESS | 2425-B Spoonwood Dr. |
| CITY-ST-ZIP | Tall FL 32303 | CITY-ST-ZIP | Tall FL 32303 |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| | | V. Pres. | Jeffery Hollock |
| STREET ADDRESS | | STREET ADDRESS | 2425-B Spoonwood Dr. |
| CITY-ST-ZIP | | CITY-ST-ZIP | Tall FL 32303 |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ DATE: 2/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR