## 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

## DOCUMENT # P96000033760 (5)

ARNOLD BREAD DISTRIBUTOR, INC.

Principal Place of Business Mailing Address 8535-3 BAYMEADOWS RD, SUITE 120 8535-3 BAYMEADOWS RD. SUITE 120 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zφ Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name arnold, kevin a 8535-3 BAYMEADOWS RD, SUITE 120 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32256 **B3** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or junited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition **PVST** DELETE Change THE 11 TITLE NAME arnold, kevin a 1.2 NAME 12275 TURTLE LAKE LANE STREET ADORESS 1.3 STREET ADDRESS JACKSONVILLE FL 32248 CHY-ST-ZIP 1.4 City-ST-7IP DELETE Change Addition TITLE 2.1 TITLE ARNOLD, KEVIN A 22 NAME NAME 12275 TURTLE LAKE LANE 2 3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 2 4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition 3.1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - 712 DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY ST-ZIP DELETE 5.1 TOLE ☐ Change Addition THE 5.2 NAME

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 is 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 this corporator or the receiver or trustee expowered 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.

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS 64 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

City - ST - 7th

CITY ST ZIP

TITLE

NAME STREET ADDRESS

03.22.97 5

**FILED** 

Apr 07 1997 8:00am

Secretary of State

573.0858

Change

Addition

(96/6)

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