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 #

appears in Block 12 o

S30043

(1)

COUNTRY HARVEST BAKERY, INC.

FILED Apr 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									4 TOBILETO COR HAND BOND BOTH BOND WHIT BLOCK DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT DIGHT.				
1257 PENMA			129	1257 PENMAN RD									
	LLE FL 32250		JA	CKSONVILLE FL S	32250-3669								
									Data tarana and a		194 5	ata at Laat I	Janari
								3.	Date Incorporated of 02/04/1991	or Qualified		ate of Last I 4/26/1990	
2. Principal I	Place of Busine	.S.S.	2a.	Mailing Address				4.	FEI Number				pplied For
21			26	gried.bec					59-3052428			1	ot Applicable
Suite, Apt	. #. elc.			Suite, Apt. #, etc.									Additional
52			27	,				5.	Certificate of Status	Desired	Ц		equired
City & Sta	ite			City & State				6.	Election Campaign	Financing		\$5.00	May Be
23			28						Trust Fund Contribu				to Fees
Zip	I	Country		Zıp	C	ountry		8.	This corporation has	s liability for_			s. 199.032,
24	[:	25	29		30				Florida Statutes			□ No	
		and Address of Curr	ent Registe	ered Agent	····	1	·	10.	Name and Address	s of New Re	gistered	Agent	
	CHRAMM, R					81	Name						
		RD FALLS DR N				82	Street Ad	dress (P	O. Box Number is N	Not Acceptat	ble)		
JA	ACKSONVILL	E FL 32224											
						83							
						84	City		······································			85 Zip	Code
							•				FL	_ 1 1 1	
11. Pursuant	it to the provisi	ons of Sections 607.0 ent, or both, in the Sta n, and accept the ob	1502 and 607	7.1508, Florida S	itatutes, the	above	named co	orporation	n submits this staten	nent for the p	purpose o	of changing	its registered
		an, or point to the ore	atto Or i ionide	a oden silange y	5 Florida S	total by	Did Corpo	, 400-100	oura or all colors. Vi	10.00, 0000	pr mo up	point, morni di	0 10 g. 010. 0 u
agent. L	am tamiliar wit	u, and accept the ob-	ligations of.	Section 607.050	o, i londa o	tatutes.							
SIGNATURE		r period name of registered	agent and tille if	applicable	(NOTE: Registe	ered Agen		equired when	renstating)		DATE		DO II) 40
SIGNATURE	Stgr.atore, typed		agent and tille if	applicable TORS	(NOTE: Registe	ered Agen		equired when			DATE	D DIRECTO	
SIGNATURE 12.	Signature, typicol	r ja nted name of registered OFFICERS A	agent and tille if	applicable	(NOTE: Registe	ered Agen 3. I TITLE		equired when	renstating)		DATE		
SIGNATURE 12. THE NAME	PS SCHRAI	OFFICERS A	agent and title if AND DIRECT	applicable TORS	(NOTE Registe	ered Agen 3. I TITLE 2 NAME	I signature rec	equired when	renstating)		DATE	D DIRECTO	
SIGNATURE 12. THE NAME STHEFT ADDRESS	PS SCHRAI 2950 RC	OFFICERS A M, ROBERT J. CKFORD FALLS E	agent and title if AND DIRECT	applicable TORS	(NOTE: Registe 11 11 12	Bred Agen 3. I TITLE P NAME 3 STREET /	a signature rec	equired when	renstating)		DATE	D DIRECTO	
SIGNATURE 12. THEF NAME STREET ADDRESS CITY - ST-ZEP	PS SCHRAI 2950 RO JACKSO	OFFICERS A	agent and title if AND DIRECT	applicable TORS DELETE	(NOTE Registe 12 13 14	Bred Agen TITLE NAME STREET A	a signature rec	equired when	renstating)		DATE	D DIRECTO	Additio
SIGNATURE 12. THE NAME SHEEL ADDRESS CITY - ST-ZEP THE	PS SCHRAI 2950 RO JACKSO VPT	OFFICERS A M, ROBERT J. CKFORD FALLS [NVILLE FL	agent and title if AND DIRECT	applicable TORS	(NOTE Registe 11 12 13 14 E 21	Bred Agen 3. THILE NAME STREET / CITY-ST	a signature rec	equired when	renstating)		DATE	D DIRECTO	
SIGNATURE 12. TOLE NAME STREET ADDRESS CITY-SE-ZEP TOLE NAME	PS SCHRAI 2950 RG JACKSC VPT SCHRAI	OFFICERS A M, ROBERT J. CKFORD FALLS [NVILLE FL IM, LAURA G.	agent and title of ANO DIRECT	applicable TORS DELETE	(NOTE Registe 13 11 12 13 14 E 21 22	Bred Agen 3. TITLE NAME STREET / CITY-ST TITLE NAME	a signature rec	equired when	renstating)		DATE	D DIRECTO	Additio
SIGNATURE 10.1 NAME STREET ADDRESS CHY-ST-ZP 10.1 NAME STREET ADDRESS	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	applicable TORS DELETE	(NOTE Registe 11 12 13 14 E 21 22 23	Bred Agen 3. TITLE P NAME S STREET / CITY-ST TITLE P NAME NAME S NAME	ADDRESS - ZIP ADDRESS	equired when	renstating)		DATE CERS AN	D DIRECTO	Additio
SIGNATURE 12. 10.1 NAME STREET ADDRESS CITY - ST - ZP 10.1 NAME STREET ADDRESS CITY - ST - ZP CITY - ST - ZP	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG	OFFICERS A M, ROBERT J. CKFORD FALLS [NVILLE FL IM, LAURA G.	agent and title of ANO DIRECT	application TORS DELETE	(NOTE Registe 11 12 13 14 E 21 22 23 2.	Bred Agen 3. TITLE NAME STREET / CITY-ST TITLE NAME NAME NAME STREET / CITY-S	ADDRESS - ZIP ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO	Additio
SIGNATURE 12. THEF NAME STHEET ADDRESS CITY - ST - ZIP THEF NAME STREET ADDRESS CITY - ST - ZIP THEF THEF THEF	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	applicable TORS DELETE	(NOTE: Registe 11 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	BIGHT AGEN TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST A CITY-S TITLE	ADDRESS - ZIP ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO	Additio
SIGNATURE 12. 10.1 NAME STREET ADDRESS GITY - ST-ZEP 10.3 NAME STREET ADDRESS CHY-ST-ZEP TOLE NAME NAME NAME	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	application TORS DELETE	(NOTE: Registe 11 12 13 14 E 21 22 23 2. E 3.1 32	BIOT AGEN TITLE NAME STREET / CITY-ST TITLE NAME A CITY-S TITLE LITTLE NAME	ADDRESS - ZIP ADDRESS 1 - ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO	Additio
SIGNATURE 12. 10.1 NAME SHEEL ADDRESS CITY: \$1-729 10.1 NAME STREEL ADDRESS TOLE NAME STREEL ADDRESS STREEL ADDRESS	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	application TORS DELETE	(NOTE: Register 11 12 13 14 E 21 22 23 2. E 3.1 3.2 3.3	BIOM Agen 3. TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME	ADDRESS ADDRESS ADDRESS ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO	Additio
SIGNATURE 12. 10.1 NAME STREET ADDRESS CITY ST-ZIP 10.3 NAME STREET ADDRESS CITY ST-ZIP TOTE NAME STREET ADDRESS CITY ST-ZIP TOTE NAME STREET ADDRESS CITY ST-ZIP	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	eppicable TORS DELETE DELETE	(NOTE: Registe 11 12 13 14 E 21 22 23 2. E 3.1 3.2 3.3 3.4	BIOM Agen 3. THILE NAME STREET / CITY-ST HILE NAME STREET / CITY-ST HILE NAME STREET / CITY-S HILE NAME STREET / CITY-S HILE NAME STREET / CITY-S STREET / CITY-S	ADDRESS ADDRESS ADDRESS ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. TIBLE NAME STREET ADDRESS CITY ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	application TORS DELETE	(NOTE: Register 11 12 13 14 E 21 23 2. E 3.1 3.2 3.3 3.4 E 4.1	Bred Agen 3. TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ADDRESS ADDRESS ADDRESS ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO	Additio
SIGNATURE 12. TIBLE NAME STHEEL ADDRESS CITY ST-ZEP TIBLE NAME STREEL ADDRESS CITY ST-ZEP TIBLE NAME STREEL ADDRESS COTY ST-ZEP TIBLE NAME STREEL ADDRESS COTY ST-ZEP TIBLE NAME	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	eppicable TORS DELETE DELETE	(NOTE: Register 11	BIRET / A CITY-ST TITLE 2 NAME 3 STREET / 4 CITY-ST TITLE 2 NAME 4 CITY-ST TITLE 2 NAME	ADDRESSZIP ADDRESS 1ZIP ADDRESS 1ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. TIDLE NAME STHEEL ADDRESS CITY-ST-ZEP TIDLE NAME STHEEL ADDRESS STHEEL ADDRESS	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	eppicable TORS DELETE DELETE	(NOTE Register 11	Bred Agen 3. Title NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME NAME STREET / CITY-ST TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ADDRESS - ZIP ADDRESS I - ZIP ADDRESS I - ZIP ADDRESS ADDRESS ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. TIDLE NAME STHEEL ADDRESS CITY STEZEP	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	Application TORS DELETE DELETE	(NOTE: Register 11	BIRGH Agen 3. 1 TITLE 2 NAME 3 STREET / 4 CITY-ST 1 TITLE 2 NAME 3 STREET / 4 CITY-S 1 TITLE 2 NAME 3 STREET / 4 CITY-S 1 TITLE 2 NAME 3 STREET / 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 5 NAME 6 STREET / 6 CITY-S 1 TITLE 6 NAME 7 STREET / 6 CITY-S 1 CI	ADDRESS - ZIP ADDRESS I - ZIP ADDRESS I - ZIP ADDRESS ADDRESS ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. TIDLE NAME STHEEL ADDRESS CITY-ST-ZEP TICLE	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	eppicable TORS DELETE DELETE	(NOTE Register 11	Bred Agen 3. THE NAME STREET CITY-ST THILE NAME STREET CITY-ST THILE NAME STREET CITY-ST THILE NAME STREET A CITY-ST THILE NAME STREET A CITY-ST THILE NAME STREET A CITY-ST THILE NAME STREET CITY-ST THILE	ADDRESS - ZIP ADDRESS I - ZIP ADDRESS I - ZIP ADDRESS ADDRESS ADDRESS	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. THEF NAME STREET ADDRESS CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THE NAME	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	Application TORS DELETE DELETE	(NOTE Register 11	Bred Agen 3. THE NAME STREET / CITY-ST TITLE	ADDRESS - ZIP ADDRESS I- ZIP ADDRESS - ZIP ADDRESS - ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. 10.1 NAME STHEEL ADDRESS CITY: \$1-ZP 10.1 NAME STHEEL ADDRESS CITY: \$1-ZP TOLE NAME STHEEL ADDRESS CITY: \$1-ZP TOLE NAME STHEEL ADDRESS CITY: \$1-ZP TOLE NAME STHEEL ADDRESS	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	Application TORS DELETE DELETE	(NOTE: Registe 11 12 13 14 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14	Bred Agen 3. TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME STREET NAME STREET NAME STREET STREET STREET NAME	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. 10.1 NAME STHEEL ADDRESS CITY ST-ZIP 10.3 NAME STREEL ADDRESS CITY ST-ZIP TILE NAME STREEL ADDRESS CITY ST-ZIP TILE NAME STREEL ADDRESS CITY ST-ZIP TILE NAME STREEL ADDRESS CITY ST-ZIP NAME STREEL ADDRESS CITY ST-ZIP	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	PELETE DELETE DELETE DELETE	(NOTE: Registe 11 12 13 14 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14	Bred Agen 3. TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE NAME STREET / CITY-ST TITLE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTC Change Change Change	Additio
SIGNATURE 12. IDLE NAME SIRELLADORESS CITY-SI-ZIP IDLE NAME STREEL ADDRESS CITY-SI-ZIP IDLE NAME SIRELLADORESS CITY-SI-ZIP IDLE NAME SIRELLADORESS CITY-SI-ZIP IDLE NAME	PS SCHRAI 2950 RG JACKSG VPT SCHRAI 2950 RG JACKSG	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	Application TORS DELETE DELETE	(NOTE: Registe 11 12 13 14 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14	Bred Agen 3. THILE NAME 3 STREET / 4 CITY-ST THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 4 CITY-S 1 THILE 2 NAME 1 THILE 2 NAME 1 THILE 2 NAME 1 THILE 1 THILE	ADDRESS -ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTO Change Change	Additio
SIGNATURE 12. 10.1 NAME SIBELLADDRESS CITY-ST-ZIP 10.1 NAME NAME NAME	PS SCHRAI 2950 RG JACKSC VPT SCHRAI 2950 RG JACKSC	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	PELETE DELETE DELETE DELETE	(NOTE: Registe 11 12 13 14 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14	Bred Agen 3. THILE NAME 3 STREET / GUTY-ST THILE NAME 4 CITY-ST THILE NAME 5 STREET / GUTY-ST THILE NAME 6 CITY-ST THILE NAME 7 NAME 8 STREET / GUTY-ST THILE NAME 8 NAME 9 NAME	ADDRESSZIP ADDRESS 1ZIP ADDRESS 1ZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTC Change Change Change	Additio
SIGNATURE 12. 10.1 NAME SIBELLADDRESS CITY: \$1-ZIP 10.2 NAME SIBELLADDRESS CITY: \$1-ZIP 10.1 NAME SIBELLADDRESS CITY: \$1-ZIP 10.1 SIBELLADDRESS CITY: \$1-ZIP 10.1 NAME SIBELLADDRESS CITY: \$1-ZIP 10.11 NAME SIBELLADDRESS CITY: \$1-ZIP 10.11 NAME SIBELLADDRESS CITY: \$1-ZIP 10.11	PS SCHRAI 2950 RG JACKSC VPT SCHRAI 2950 RG JACKSC	OFFICERS A M, ROBERT J. CKFORD FALLS C NVILLE FL IM, LAURA G. ICKFORD FALLS C	agent and title of ANO DIRECT	PELETE DELETE DELETE DELETE	(NOTE: Register 11 12 13 14 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Bred Agen 3. THILE NAME 3 STREET / 4 CITY-ST THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 3 STREET / 4 CITY-S 1 THILE 2 NAME 4 CITY-S 1 THILE 2 NAME 1 THILE 2 NAME 1 THILE 2 NAME 1 THILE 1 THILE	ADDRESS - ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS - ZIP ADDRESS - ZIP	equired when	renstating)	ES TO OFFIC	DATE CERS AN	D DIRECTC Change Change Change	Additio