FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S30043

1. Corporation Name
COUNTRY HARVEST BAKERY, INC.

Principal Place of Business	Mailing Address
1257 PENMAN RD JACKSONVILLE FL 32250	1257 PENMAN RD JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
02/04/1991

2. Principal Place of Business **21**	2a. Mailing Address **26**	4. FEI Number **59-3052428** / Applied For / Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
Zip **24** / Country **25**	Zip **29** / Country **30**	8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐No

9. Name and Address of Current Registered Agent

81 Name

SCHRAMM, ROBERT J.
2134 GRASS & BASIN CT
JACKSONVILLE FL 32224

82 Street Address (P.O. Box Number is Not Acceptable)

83

10. Name and Address of New Registered Agent

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 reinstating)   DATE _____

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PS**	☐ DELETE	1.1 TITLE	*P/S* ☑Change ☐ Addition	
NAME **SCHRAMM, ROBERT J.**		1.2 NAME	*SCHRAMM, ROBERT J.*	
STREET ADDRESS **2950 ROCKFORD FALLS DR N**		1.3 STREET ADDRESS	*2134 GRASS BASIN CT.*	
CITY-ST-ZIP **JACKSONVILLE FL**		1.4 CITY-ST-ZIP	*JACKSONVILLE FL 32224*	
TITLE **VPT**	☐ DELETE	2.1 TITLE	*VPT* ☐Change ☐ Addition	
NAME **SCHRAMM, LAURA G.**		2.2 NAME	*SCHRAMM, LAURA G.*	
STREET ADDRESS **2950 ROCKFORD FALLS DR N**		2.3 STREET ADDRESS	*2134 GRASS BASIN CT*	
CITY-ST-ZIP **JACKSONVILLE FL**		2.4 CITY-ST-ZIP	*JACKSONVILLE Fl*	
TITLE	☐ DELETE	3.1 TITLE	☐Change ☐ Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____   *ROBERT SCHRAMM PRESIDENT* 2/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # *904-241-4100*