

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S65121 (3)

1. Corporation Name

SUWANNEE BAKING COMPANY



Principal Place of Business

PO BOX 1338  
US HWY 19 S  
THOMASVILLE GA 31799

Mailing Address

PO BOX 1338  
US HWY 19 S  
THOMASVILLE GA 31799

3. Date Incorporated or Qualified  
07/10/1991

3a. Date of Last Report  
02/24/1995

4. FEI Number

59-3077794

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

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 (do not leave blank)

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME TASHIE, GEORGE  
STREET ADDRESS 200 US HIGHWAY 29 SOUTH  
CITY- ST- ZIP THOMASVILLE GA

☐ DELETE

TITLE DV  
NAME BENTON, ROBERT  
STREET ADDRESS 200 US HIGHWAY 19 SOUTH  
CITY- ST- ZIP THOMASVILLE GA

☐ DELETE

TITLE DST  
NAME AVERA, STEPHEN R  
STREET ADDRESS 200 US HIGHWAY 19 SOUTH  
CITY- ST- ZIP THOMASVILLE GA

☐ DELETE

TITLE AS  
NAME RICH, SCOTT  
STREET ADDRESS 200 US HIGHWAY 19 SOUTH  
CITY- ST- ZIP THOMASVILLE GA

☐ DELETE

TITLE AT  
NAME WOODWARD, JIMMY  
STREET ADDRESS 200 US HIGHWAY 19 SOUTH  
CITY- ST- ZIP THOMASVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jimmy M. Woodward

JIMMY M. WOODWARD

Date

4/29/96

Daytime Phone

912-226-9110

CR2E034 (12/95)