

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006516

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC7120325350**

**Entity Name:** FLOWERS SPECIALTY SNACK SALES, INC.

**Current Principal Place of Business:**

1919 FLOWERS CIRCLE  
THOMASVILLE, GA 31757

**Current Mailing Address:**

1919 FLOWERS CIRCLE  
THOMASVILLE, GA 31757

**FEI Number:** 62-1574151

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HYSELL, BOB  
Address        1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title            VP, DIRECTOR  
Name            CROOK, TONY  
Address        1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title            SECRETARY  
Name            TILLMAN, STEPHANIE  
Address        1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title            TREASURER  
Name            LAUDER, KARYL  
Address        1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

Title            ASST. SECRETARY  
Name            MCMULLIAN, RYALS  
Address        1919 FLOWERS CIRCLE  
City-State-Zip: THOMASVILLE GA 31757

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: STEPHANIE TILLMAN**

**SECRETARY**

**01/11/2018**

Electronic Signature of Signing Officer/Director Detail

Date