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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 266021 (5)

1. Corporation Name  
FACT-O-BAKE, INC.

Principal Place of Business Mailing Address  
921 LAKESIDE DR 921 LAKESIDE DR  
MOBILE AL 36693 MOBILE AL 36693

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report  
01/10/1963 03/01/1994  
4. FEI Number Applied For  
59-1006785 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Corporation Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under B-199.002 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0542 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 the filer agent)

(If filer agent, filer agent must sign and print name of filer agent)

(Date)

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME TAYLOR, JACK R  
STREET ADDRESS 6425 TOKENEAK TR.  
CITY, ST, ZIP MOBILE AL  
TITLE VD  
NAME GUICE, LOUIS N  
STREET ADDRESS 1009 HIGH POINT CT  
CITY, ST, ZIP MOBILE AL  
TITLE STD  
NAME GUICE, T G  
STREET ADDRESS 9232 RIVERBLUFF CT.  
CITY, ST, ZIP INVERNESS FL  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS  
1. TITLE STD  
2. NAME Guice, TG  
3. STREET ADDRESS 9232 Riverbluff CT.  
4. CITY, ST, ZIP Inverness, FL ☒ Change ☐ Addition  
5. TITLE STD  
6. NAME Guice, Molly L.  
7. STREET ADDRESS 1009 Highpoint Ct.  
8. CITY, ST, ZIP Mobile, AL 36693 ☐ Change ☒ Addition  
9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0542, 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 agent 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 in an additional filing with an address.

SIGNATURE:

Louis N. Guice Vice Pres

334-660-0420

(Signature typed or printed name of signing officer or director)