

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **838414** (1)

1. Corporation Name
ARCHWAY COOKIES, INC.



Principal Place of Business: **5451 DICKMAN ROAD, WEST BATTLE CREEK MI 49015**
Mailing Address: **5451 DICKMAN ROAD, WEST BATTLE CREEK MI 49015**

3. Date Incorporated or Qualified: **05/13/1977**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		38-1748321	<input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
						<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country		Country			
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIN, THOMAS F	1.2 NAME	Olin, Thomas F., Jr.
STREET ADDRESS	5451 W DICKMAN RD	1.3 STREET ADDRESS	5451 W. Dickman Rd.
CITY-ST-ZIP	BATTLE CREEK, MI 00000	1.4 CITY-ST-ZIP	Battle Creek, MI 49015
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, EUGENE III	2.2 NAME	
STREET ADDRESS	5451 W DICKMAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK, MI 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIST, CHRIS T.	3.2 NAME	
STREET ADDRESS	312 OLD KENT BANK BLDG	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKAY, EUGENE, JR	4.2 NAME	
STREET ADDRESS	5451 W DICKMAN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATON, DON H	5.2 NAME	
STREET ADDRESS	5451 W DICKMAN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK, MI 00000	5.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKELVEY, CLARA L.	6.2 NAME	
STREET ADDRESS	5451 W DICKMAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLE CREEK MI	6.4 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 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: Donald H. Keaton Donald H. Keaton April 2, 1996 (616) 962-6205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)