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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734611 (7)

1. Corporation Name

FLORIDA TOBACCO & CANDY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

217 SOUTH ADAMS ST.
TALLAHASSEE FL 32301-1708
US

217 SOUTH ADAMS ST.
TALLAHASSEE FL 32301-1720
US

3. Date Incorporated or Qualified
12/16/1975

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

217 S. Adams St.

22 City & State

27 City & State

23 Zip

Country

28 Tallahassee, FL

24

25

29 32301-1708

30

USA

4. FEI Number
59-1733725

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, WILSON W.
217 SOUTH ADAMS STREET
TALLAHASSEE FL 32301-1708

81 Name

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

83

300002164693-7

84 City

-05/02/97-01148-011
*****61.25 FL *****61.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD
NAME ALBURY, JOSEPH M.
STREET ADDRESS 5511 FIFTH AVENUE STOCK ISLAND
CITY-ST-ZIP KEY WEST FL

☐ DELETE

1.1 TITLE PD
1.2 NAME Pittman, David
1.3 STREET ADDRESS 1616 North Dixie Hwy.
1.4 CITY-ST-ZIP West Palm Bch., FL 33407

☒ Change ☐ Addition

TITLE VD
NAME PITTMAN, DAVID
STREET ADDRESS 1616 NORTH DIXIE HIGHWAY
CITY-ST-ZIP W PALM BEACH FL

☐ DELETE

2.1 TITLE VD
2.2 NAME Ostendorf, Robert
2.3 STREET ADDRESS 3580 NW 119th St.
2.4 CITY-ST-ZIP Miami, FL 33167

☐ Change ☒ Addition

TITLE CD
NAME WATSON, JOHN
STREET ADDRESS 14016 LAKE TILDEN BOULEVARD
CITY-ST-ZIP WINTER GARDEN FL

☒ DELETE

3.1 TITLE CD
3.2 NAME Albury, Joseph M.
3.3 STREET ADDRESS 5511 Fifth Avenue, Stock Island
3.4 CITY-ST-ZIP Key West, FL 33041

☒ Change ☐ Addition

TITLE D
NAME SCHNEIDER, SHAWN
STREET ADDRESS 2900 SMITH ROAD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TURNER, DAVE C
STREET ADDRESS 3590 NW 54TH ST BAY #1
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME TIPTON, GENE
STREET ADDRESS P. O. BOX 1281
CITY-ST-ZIP TAMPA FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 the person I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007251

CR2E037 (9/96)