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FILED

Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 173630 (5)

1. Corporation Name  
STANDARD CIGAR COMPANY

Principal Place of Business

P. O. BOX 2030  
2701 16TH ST.  
TAMPA FL 33601

Mailing Address

P. O. BOX 2030  
2701 16TH ST.  
TAMPA FL 33601-2030

3. Date Incorporated or Qualified  
05/15/1953

3a. Date of Last Report  
01/26/1996

4. FEI Number  
59-0698542

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

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NEWMAN, STANFORD J  
3102 BEACH DR  
TAMPA FL

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME NEWMAN, STANFORD J  
STREET ADDRESS 3102 BEACH DR  
CITY-ST-ZIP TAMPA, FL 00000

TITLE VD ☐ DELETE  
NAME NEWMAN, ROBERT  
STREET ADDRESS 2901 JULIA #D  
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE  
NAME NEWMAN, ERIC (ASST)  
STREET ADDRESS 401 ROYAL POINCIANA DR.  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ST ☐ DELETE  
NAME PURVIS, ROBERT  
STREET ADDRESS 4232 MARINA CT.  
CITY-ST-ZIP CORTEZ FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS 3435 Bayshore Blvd #800 N  
14 CITY-ST-ZIP TAMPA, FL 33629

21 TITLE  
22 NAME  
23 STREET ADDRESS 3102 Beach DR.  
24 CITY-ST-ZIP TAMPA, FL 33629

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97 813 248 2124

CR2E034 (9/96)