

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **185197** (1)

1. Corporation Name:  
**MADISON COUNTY TOBACCO WAREHOUSE INC**



Principal Place of Business: **105 S DUVAL ST  
P O DRAWER 771  
MADISON FL 32340**

Mailing Address: **105 S DUVAL ST  
P O DRAWER 771  
MADISON FL 32340**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>05/13/1955</b>	<b>03/01/1995</b>
4. FEI Number	Applied For / Not Applicable
<b>59-1284700</b>	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANDREWS, L, ROBERT  
105 S DUVAL ST  
MADISON FL 32340**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0509 and 607.1503, Florida Statutes, the above named corporation certifies 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, hereby accepting the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0509, Florida Statutes.

SIGNATURE \_\_\_\_\_ OFFICERS AND DIRECTORS \_\_\_\_\_ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	RAGANS, PAUL	11 TITLE	
ROUTE 2		12 NAME	
MADISON FL		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
DV	HENDERSON, ALVIN	17 TITLE	
SR 255 NORTH		18 NAME	
LEE FL		19 STREET ADDRESS	
		20 CITY, ST, ZIP	
S	ROWE JR, RANDELL	23 TITLE	
207 SE SHELBY ST.		24 NAME	
MADISON FL		25 STREET ADDRESS	
		26 CITY, ST, ZIP	
D	TOWNSEND, GEORGE	29 TITLE	
ROUTE 1		30 NAME	
PINETTA FL		31 STREET ADDRESS	
		32 CITY, ST, ZIP	
TD	ANDREWS, L, ROBERT	35 TITLE	
US 90 EAST		36 NAME	
MADISON FL		37 STREET ADDRESS	
		38 CITY, ST, ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
		47 TITLE	
		48 NAME	
		49 STREET ADDRESS	
		50 CITY, ST, ZIP	
		53 TITLE	
		54 NAME	
		55 STREET ADDRESS	
		56 CITY, ST, ZIP	
		59 TITLE	
		60 NAME	
		61 STREET ADDRESS	
		62 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)(a), Florida Statutes. I further certify that the information provided on this statement 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 a corporation or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in a statement with an affidavit.

SIGNATURE: *Paul Ragans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 904971-5417

CR2E034 (12/95)