


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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	29 Country

3. Date Incorporated or Qualified
05/13/1955

4. FEI Number
59-1284700

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAGANS, PAUL	
STREET ADDRESS	ROUTE 2	
CITY-ST-ZIP	MADISON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HENDERSON, ALVIN	
STREET ADDRESS	SR 255 NORTH	
CITY-ST-ZIP	LEE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROWE JR, RANDELL	
STREET ADDRESS	207 SE SHELBY ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNSEND, GEORGE	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	PINETTA FL	
TITLE part	to Delete treasurer title	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, L, ROBERT	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	MADISON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joyce E Howard	
1.3 STREET ADDRESS	PO Box 995 N/A	
1.4 CITY-ST-ZIP	Madison, FL 32341	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Paul Ragans* _____ DATE: *2/23/98*

CFR2E034 (10/97)