

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90638 049 ***150.00

0697099 AT

DOCUMENT # 185197
 1. Entity Name
MADISON COUNTY TOBACCO WAREHOUSE INC

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1284700** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDREWS, L, ROBERT
105 S DUVAL ST
MADISON FL 32340

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Howard* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. 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 checked="" type="checkbox"/> Delete
NAME	TOWNSEND, GEORGE	
STREET ADDRESS	ROUTE 1	
CITY-ST-ZIP	PINETTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, L, ROBERT	
STREET ADDRESS	US 90 EAST	
CITY-ST-ZIP	MADISON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOWARD, JOYCE E.	
STREET ADDRESS	P.O. BOX 995 N/A	
CITY-ST-ZIP	MADISON FL 32341	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C Webb	
STREET ADDRESS	SR 255 S	
CITY-ST-ZIP	Lee, FL 32059	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce E Howard* **3-18-02** **850 973-4191**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)