

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 185197

FILED  
Jan 21, 2012  
Secretary of State

**Entity Name:** MADISON COUNTY TOBACCO WAREHOUSE INC

**Current Principal Place of Business:**

161 S DUVAL AVE  
MADISON, FL 32340

**New Principal Place of Business:**

2333 NE ROCKY FORD ROAD  
MADISON, FL 32340

**Current Mailing Address:**

2333 NE ROCKY FORD ROAD  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 59-1284700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWARD, JOYCE E  
2333 NE ROCKY FORD ROAD  
MADISON, FL 32340 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HENDERSON, ALVIN  
Address: 903 CAYENNE DR  
City-St-Zip: LEE, FL 32059 US

Title: DV  
Name: WEBB, JOHN C  
Address: 176 PIONEER ST  
City-St-Zip: LEE, FL 32059 US

Title: D  
Name: TERRY, RICHARD  
Address: 405 SE GUNPOWDER AVE  
City-St-Zip: MADISON, FL 32340 US

Title: T/S  
Name: HOWARD, JOYCE E.  
Address: 2333 NE ROCKY FORD ROAD  
City-St-Zip: MADISON, FL 32340

Title: D  
Name: GORDON, LEE  
Address: 715 S RANGE STREET  
City-St-Zip: MADISON, FL 32340 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE E HOWARD

T/S

01/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date