

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90072 043 ***150.00

DOCUMENT # 185197
1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1284700** Applied For
Not Applicable

Zip Country Zip Country

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 **Joyce E Howard**
Street Address (P.O. Box Number is Not Acceptable)
105 S Duval Street
City **Madison** **FL** Zip Code **32340**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joyce E Howard* **Joyce E Howard** **1-24-03**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAGANS, PAUL <input type="checkbox"/> Delete ROUTE 2 MADISON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENDERSON, ALVIN <input type="checkbox"/> Delete SR 255 NORTH LEE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWE JR, RANDELL <input type="checkbox"/> Delete 207 SE SHELBY ST. MADISON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, JOHN C <input type="checkbox"/> Delete SR 255 S LEE FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, L, ROBERT <input checked="" type="checkbox"/> Delete US 90 EAST MADISON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWARD, JOYCE E. <input type="checkbox"/> Delete P.O. BOX 995 N/A MADISON FL 32341

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce E Howard* **Joyce E Howard** **1-24-03** **850 973-4191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)