

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 325492

1. Entity Name
ECKERD TOBACCO COMPANY, INC.



Principal Place of Business
**% CORP TAX DEPT
8333 BRYAN DAIRY ROAD
LARGO FL, 34647 US**

Mailing Address
**PO BOX 10001
DALLAS, FL 75301 US**



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1205313

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 Fee will be \$550.00**

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	D LEWIS, R.E. 8333 BRYAN DAIRY RD. LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, D.P. 8333 BRYAN DAIRY ROAD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRC LOPS, M.T. 8333 BRYAN DAIRY RD. LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS LEWIS, ROBERT E. 8333 BRYAN DAIRY ROAD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MILAM, D.J. 8333 BRYAN DAIRY RD LARGO, FL 337771230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAWRINEK, J.J. 6501 LEGACY DR PLANO, TX 75024

11111111148905
05/03/04-80164-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J.J. Vawrinek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.J. VAWRINEK 4/28/04 972-431-2121
Date Daytime Phone #