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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **807119** **(3)**

1. Corporation Name

FLUE-CURED TOBACCO COOPERATIVE STABILIZATION COR PORATION

Principal Place of Business	Mailing Address
STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE. BOX 12300 RALEIGH NC 27605	STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE. BOX 12300 RALEIGH NC 27605-2300

3. Date Incorporated or Qualified: **09/14/1946**
3a. Date of Last Report: **01/24/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **56-0484598** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DASHER, KENNETH
RT.3, BOX 320 → 8763 CR 252
LIVE OAK FL 32060

10. Name and Address of ~~New~~ Registered Agent

81 Name: DASHER, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable)
83: 8763 CR 252
84 City: LIVE OAK **FL** 85 Zip Code: 32060

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLYE, BRUCE L.		1.2 NAME	
STREET ADDRESS	P.O. BOX 159 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP	BATTLEBORO NC 27809		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, FRANK B		2.2 NAME	
STREET ADDRESS	ROUTE 1 NA		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, GA 00000		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STOCKS, JAMES R		3.2 NAME	
STREET ADDRESS	1304 ANNAPOLIS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DASHER, KENNETH		4.2 NAME	
STREET ADDRESS	RT 3, BOX 320		4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEPHERD, ANDREW Q		5.2 NAME	
STREET ADDRESS	RT 4, BOX 210		5.3 STREET ADDRESS	
CITY-ST-ZIP	BLACKSTONE VA		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ALBERT M.		6.2 NAME	
STREET ADDRESS	RT 3 BOX 167B N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	GALIVANTS FERRY SC		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Stocks REQUIRED James R STOCKS 1-12-97 919-821-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0075713