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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807119

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/14/1946
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 56-0484598 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DASHER, KENNETH 8763 CR 252 LIVE OAK FL 32060	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: James K. Blalock Treasurer **SIGNATURE REQUIRED** 1/6/99 919-821-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #