

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H68324 (3)**

1. Corporation Name

**SMOKE & SNUFF II, INC.**



Principal Place of Business

C/O GARY P. GORMIN  
3899 ULMERTON  
CLEARWATER FL 34622

Mailing Address

C/O GARY P. GORMIN  
3899 ULMERTON  
CLEARWATER FL 34622

3. Date Incorporated or Qualified  
**07/26/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **14077 63RD WAY NO.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **14077 63RD WAY NO.**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2572289**

Applied For  
Not Applicable

22 City & State  
23 **CLEARWATER, FL.**

27 City & State  
28 **CLEARWATER, FL.**

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

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

24 Zip **34620** 25 Country **PINELLAS**

29 Zip **34620** 30 Country **PINELLAS**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORMIN, GARY P.**  
**3899 ULMERTON**  
**CLEARWATER FL 33520**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**14077 63RD WAY NO.**  
83  
84 City **CLEARWATER** FL 85 Zip Code **34620**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Gary P. Gormin* **GARY P. GORMIN**

**2-17-96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DVT</b>
STREET ADDRESS	<b>FOURES, MARY ANN</b>
CITY - ST - ZIP	<b>3899 ULMERTON</b>
	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DP</b>
STREET ADDRESS	<b>GORMIN, RUTH L.</b>
CITY - ST - ZIP	<b>3899 ULMERTON</b>
	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DS</b>
STREET ADDRESS	<b>GORMIN, GARY P.</b>
CITY - ST - ZIP	<b>3899 ULMERTON</b>
	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>14077 63RD WAY NO.</b>
1.4 CITY - ST - ZIP	<b>CLEARWATER, FL. 34620</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>14077 63RD WAY NO.</b>
2.4 CITY - ST - ZIP	<b>CLEARWATER, FL. 34620</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>14077 63RD WAY NO.</b>
3.4 CITY - ST - ZIP	<b>CLEARWATER, FL. 34620</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Gary P. Gormin* **GARY P. GORMIN, CORP. SEC'Y** **2-17-96** **(813) 531-3402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)