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 # **H68327** **(6)**

1. Corporation Name
FLORIDA'S SMOKE & SNUFF II, INC.

Principal Place of Business	Mailing Address
C/O GARY P. GORMIN 3899 ULMERTON CLEARWATER FL 34622	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.
22: Suite, Apt. #, etc.
23: City & State: CLEARWATER, FL.
24: Zip: 34620
25: Country: PINELLAS

2a. Mailing Address
26: 14077 63rd WAY NO.
27: Suite, Apt. #, etc.
28: City & State: CLEARWATER, FL.
29: Zip: 34620
30: Country: PINELLAS

4. FEI Number: 59-2572353 ☐ 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

GORMIN, GARY P.
3899 ULMERTON
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FOURES, MARY ANN 3899 ULMERTON CLEARWATER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 14077 63rd WAY NO. CLEARWATER, FL. 34620	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GORMIN, GARY P. 3899 ULMERTON CLEARWATER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 14077 63rd WAY NO. CLEARWATER, FL. 34620	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GORMIN, RUTH L. 3899 ULMERTON CLEARWATER FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 14077 63rd WAY NO. CLEARWATER, FL. 34620	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001823956 -05/16/96--01013--030 ***200.00	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 2-17-96	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Keith Gormin Pres. 5/1/96 (813) 531-3402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #