

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H68329 (2)

1. Corporation Name

SMOKE & SNUFF OF FLORIDA 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

2a. Mailing Address

21 14077 63RD WAY NO.

26 14077 63RD WAY NO.

4. FEI Number

59-2572286

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 34620 25 PINELLAS

29 34620 30 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 34622

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 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 DT ☐ DELETE
NAME FOURES, MARY ANN
STREET ADDRESS 3899 ULMERTON
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 14077 63RD WAY NO.
1.4 CITY-ST-ZIP CLEARWATER FL. 34620

TITLE DP ☐ DELETE
NAME GORMIN, RUTH L.
STREET ADDRESS 3899 ULMERTON
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 14077 63RD WAY NO.
2.4 CITY-ST-ZIP CLEARWATER, FL. 34620

TITLE DS ☐ DELETE
NAME GORMIN, GARY P.
STREET ADDRESS 3899 ULMERTON
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 14077 63RD WAY NO.
3.4 CITY-ST-ZIP CLEARWATER FL. 34620

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE:

Gary P. Gormin

GARY P. GORMIN

CORP. SECRETARY 2-17-96

(813)-531-3402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Mo/Yr Phone #

CR2E034 (12/95)