FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05879

(6)

CARL'S TOBACCO COMPANY

CANE O TODACCO COMI AITT									
Principal Place of Business % ELTON CARL BAXLEY 626 BB HIGHWAY 78 LAKEPORT FL 33471	Mailing Address % ELTON CARL BAXLEY 628 BB HIGHWAY 78 LAKEPORT FL 33471				I JERNAN EN BOIGE BINEN JOHN HOURS SOM ENEM BYRN BYRN BYRN BYRN BYRN BYRN BYRN BYRN				
					 Date Incorporated or Qualified 07/28/1989 	3a. Date of 05/01/19		port	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	<u> </u>	App	olied For	1
21	26				65-0148611		Not	Applicable]
Suite, Apt. #, etc.	Suite, Apt. #, øtc.				5. Certificate of Status Desired	1 1 7 "		dditional	1
[22]	27						ee Re	`	4
City & State	City & State				6. Election Campaign Financing			May Be	ı
Zip Country	28 Zip	1 6	untry		Trust Fund Contribution		dded to		4
Zip Country 25	29	30	unay		8. This corporation has liability for Florida Statutes	intangible tax ui Yes 🔲 No	nder s.	199.032,	
9. Name and Address of Current		[30]	٦		10. Name and Address of New Re				┨
BAXLEY, ELTON CARL			81	Name					1
3011 NW 63 ST				- Ci				,- 	┦
HOLLYWOOD FL 33024			82	Street Ad	dress (P.O. Box Number is Not Acceptat	DIB)			
			83						1
				- Ci.			7. 0		4
			84	City		FL 85	Zip C	oae	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations. 	of Florida. Such change was	s authorize	ed by	the corpor	orporation submits this statement for the praction's board of directors. I hereby accept	ourpose of chan ot the appointme	ging its ent as r	registered egistered	
Signature, typed or printed name of registered ager		O1E: Register		nt signature rec	puired when reinstating)	DATE			1
	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFIC				4
TITLE D NAME BAXLEY, ELTON CARL	☐ DELETE	l l	TITLE	İ		□ c	ange	Addition	1
ODES AREL OD OT			NAME						
HOLLMROUP CI		1		ADDRESS					Ţ
TITLE	DELETE		City - S Title	T-ZIP		□ c	2000	Addition	4
NAME	L_ Dettere	1	NAME	ĺ			anyc	LJ Addition	1
		1		ADDRESS					1
STREET ADDRESS									
CHY-S1-7P	DELETE		CITY - S	31-ZIF		T C	arige	Addition	1
NAM:	head or delice in		NAME						
STREET AUDRESS		1		ADDRESS					1
City - St - ZiP			CITY-S						
Title	DELETE		TITLE	/: EH		c	lange	Addition	┨
NAME 1			NAME	Ī			▼-		-
STREET ADDRESS				ADORESS					
City-SI-ZIP			CITY-S						1

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 of supplemental and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if change I, or on an attachment with an address.

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE NAME

C(1Y-\$1-2)P

STREET ADDRESS

CHY-ST-ZIP

TUPE AND TYPED OR PRINTED HAME OF SUMME OFFICER OR DIRECTOR

DELETE

DELETE

14/9/97 1941-946000

Change

Change

Addition

___ Addition

FILED

Apr 15 1997 8:00am

Secretary of State