

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 AM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L80581** (6)

1. Corporation Name

**MIKE'S TOBACCO & GIFTS, INC.**

Principal Place of Business

**C/O CHRISTINE E. WOLDT MANNO**  
226 S VOLUSIA AVE  
ORANGE CITY FL 32763  
US

Mailing Address

**MANNO**  
C/O CHRISTINE E. WOLDT  
2277 EAST OLD MILL ROAD  
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/13/1990**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**65-0201788**

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 received for a registered agent under Chapter 607, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt #, etc.

22

State Apt #, etc.

27

City & State

23

City & State

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Zip

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Country

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Zip

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Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANNO**  
~~WOLDT, CHRISTINE E.~~  
2277 EAST OLD MILL ROAD  
DELTONA FL 32725

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 607.0905 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Officer or Director)

(Signature of New Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |
|----------------|--------------------------------|
| 12.1           | <b>D</b>                       |
| NAME           | <b>MANNO, MICHAEL ANTHONY</b>  |
| STREET ADDRESS | <b>2277 EAST OLD MILL ROAD</b> |
| CITY, ST, ZIP  | <b>DELTONA FL</b>              |
| 12.2           | <b>D</b>                       |
| NAME           | <b>WOLDT, CHRISTINE E.</b>     |
| STREET ADDRESS | <b>2277 EAST OLD MILL ROAD</b> |
| CITY, ST, ZIP  | <b>DELTONA FL</b>              |
| 12.3           |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| 12.4           |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| 12.5           |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |
| 12.6           |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY, ST, ZIP  |                                |

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|--------|-------------------------------------------------------------------|
| 13.1   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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**MANNO, CHRISTINE E.**

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 607.0905(3)(b), 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if it changed, or on an attachment with an address.

SIGNATURE:

*Christine Woldt-Manno* **Christine Woldt-Manno 4-28-95 904-775-3707**

(Signature and Typed or Printed Name of Signing Officer or Director)