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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:14

DOCUMENT # **P24581** **(1)**

1. Corporation Name
FLUE-CURED TOBACCO CONTAINER CORPORATION

Principal Place of Business	Mailing Address
1306 ANNAPOLIS DR. P O BOX 10432 RALEIGH NC 27609	1306 ANNAPOLIS DR. P O BOX 10432 RALEIGH NC 27609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **56-1648497** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DASHER, KENNETH
RT 3 BOX 320
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BOND, FRED G.	12 NAME	
STREET ADDRESS	1304 ANNAPOLIS DR	13 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	ALLEN, TOM	22 NAME	
STREET ADDRESS	506 N MAIN ST	23 STREET ADDRESS	
CITY-ST-ZIP	CREEDMOOR NC	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HARVEY, CHARLES	32 NAME	
STREET ADDRESS	3700 NATIONAL DR	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, GEORGE	42 NAME	
STREET ADDRESS	AVENUE A & THIRD STREET	43 STREET ADDRESS	
CITY-ST-ZIP	DARLINGTON SC	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	EDWARDS, LIONIEL S	52 NAME	
STREET ADDRESS	5301 GLENWOOD AVE	53 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	KNOTT, GRAHAM	62 NAME	
STREET ADDRESS	1201 WEST VERNON AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	KISTON NC	64 CITY-ST-ZIP	KINSTON

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)(i), 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 addition.

*SIGNATURE: Fred G. Bond 3-24-95 (919)826-8988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477063 FP