

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 # **P24581** (1)  
1. Corporation Name  
**FLUE-CURED TOBACCO CONTAINER CORPORATION**

Principal Place of Business

1306 ANNAPOLIS DR.  
P O BOX 10432  
RALEIGH NC 27608

Mailing Address

1306 ANNAPOLIS DR.  
P O BOX 10432  
RALEIGH NC 27608-2144

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

DASHER, KENNETH  
RT 3 BOX 320  
LIVE OAK FL 32080

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/01/1989

3a. Date of Last Report

04/09/1996

4. FEI Number

56-1648497

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASD  
NAME CAMPBELL, TERRY C.  
STREET ADDRESS 1306 ANNAPOLIS DRIVE  
CITY- ST- ZIP RALEIGH NC ☐ DELETE

TITLE T  
NAME ALLEN, TOM  
STREET ADDRESS 506 N MAIN ST  
CITY- ST- ZIP CREEDMOOR NC ☐ DELETE

TITLE SD  
NAME HARVEY, CHARLES  
STREET ADDRESS 3700 NATIONAL DR  
CITY- ST- ZIP RALEIGH NC ☐ DELETE

TITLE V  
NAME ABBOTT, GEORGE  
STREET ADDRESS AVENUE A & THIRD STREET  
CITY- ST- ZIP DARLINGTON SC ☐ DELETE

TITLE PD  
NAME EDWARDS, LIONEL S  
STREET ADDRESS 1304 ANNAPOLIS DRIVE  
CITY- ST- ZIP RALEIGH NC ☐ DELETE

TITLE SD  
NAME KNOTT, GRAHAM  
STREET ADDRESS 1214 SUTTON DRIVE  
CITY- ST- ZIP KINSTON NC ☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 *Terry C. Campbell, Asst Sec*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97 (914) 828-8988  
Date Daytime Phone #

FILED  
Apr 02 1997 8:00am  
Secretary of State



CR2E034 (9/96)