

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24581** (1)  
1. Corporation Name  
**FLUE-CURED TOBACCO CONTAINER CORPORATION**

Principal Place of Business <b>1306 ANNAPOLIS DR. P O BOX 10432 RALEIGH NC 27608</b>	Mailing Address <b>1306 ANNAPOLIS DR. P O BOX 10432 RALEIGH NC 27608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/01/1989</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>56-1648497</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
85 Zip Code

**FL**

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

Signature type the printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, TERRY C.	1.2 NAME	
STREET ADDRESS	1306 ANNAPOLIS DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, TOM	2.2 NAME	
STREET ADDRESS	508 N MAIN ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	CREEDMOOR NC	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, CHARLES	3.2 NAME	
STREET ADDRESS	3700 NATIONAL DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, GEORGE	4.2 NAME	
STREET ADDRESS	AVENUE A & THIRD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	DARLINGTON SC	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LIONEL S	5.2 NAME	
STREET ADDRESS	1304 ANNAPOLIS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	RALEIGH NC	5.4 CITY - ST - ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTT, GRAHAM	6.2 NAME	
STREET ADDRESS	1214 SUTTON DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	KINSTON NC	6.4 CITY - ST - ZIP	

14. I 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*

*4-11-98 (919) 878-8988*

CR2E034 (10/97)