

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P24581

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

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90058 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1989

4. FEI Number

56-1648497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ASD ☐ DELETE

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

TITLE T ☐ DELETE

NAME ALLEN, TOM  
STREET ADDRESS 506 N MAIN ST  
CITY-ST-ZIP CREEDMOOR NC

TITLE SD ☐ DELETE

NAME HARVEY, CHARLES  
STREET ADDRESS 3700 NATIONAL DR  
CITY-ST-ZIP RALEIGH NC

TITLE V ☐ DELETE

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

TITLE PD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME KNOTT, GRAHAM  
STREET ADDRESS 1214 SUTTON DRIVE  
CITY-ST-ZIP KINSTON NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Jerry C. Campbell, ASD Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-99

Date

(919) 828-8988

Daytime Phone #

CR2E034 (11/98)