CORPORATION ANNUAL REPORT 1995

Filed
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
SNUFF-MATE, INC.

Principal Place of Business	Mailing Address
925 SE 17TH STREET OCALA FL 34471	925 SE 17TH STREET OCALA FL 34471

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 10553 NE 36TH AVE
Suite, Apt. #, etc. 22:
City & State 23: ANTHONY, FL
Zip 24: 32617 Country 25: USA

2a. Mailing Address
26: 10553 NE 36TH AVE
Suite, Apt. #, etc. 27:
City & State 28: ANTHONY, FL
Zip 29: 32617 Country 30: USA

4. FEI Number: 59-3240953 ☐ 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

9. Name and Address of Current Registered Agent

EGAN, THOMAS M
925 SE 17TH STREET
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name: BRIGITTE SHULTZ
82 Street Address (P.O. Box Number is Not Acceptable): 10553 NE 36TH AVE
83:
84 City: ANTHONY FL 85 Zip Code: 32617

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: X Brigitte Shultz 6-6-95
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRES	☐ Change ☑ Addition
NAME	EGAN, THOMAS M	1.2 NAME	BRIGITTE SHULTZ	
STREET ADDRESS	925 SE 17TH STREET	1.3 STREET ADDRESS	10553 NE 36TH AVE	
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	ANTHONY, FL 32617	
TITLE		2.1 TITLE	V	☐ Change ☑ Addition
NAME		2.2 NAME	Dick RANDOPH	
STREET ADDRESS		2.3 STREET ADDRESS	PO Box 94 M/A	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ANTHONY, KS 67003	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 address.

SIGNATURE: X Brigitte Shultz 6-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0351091 CP