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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000060485 (5)**

1. Corporation Name
CLASSIC CIGAR & WINE COMPANY

Principal Place of Business	Mailing Address
1605 WOODRIDGE COURT CUMMING GA 30131	1605 WOODRIDGE COURT CUMMING GA 30131-8052

3. Date Incorporated or Qualified: 07/18/1996
3a. Date of Last Report: 07-18-96

2. Principal Place of Business
21 Seaside Merchants
22 P.O. Box 4870
23 Santa Rosa Bch, FL
24 32549 25 USA

2a. Mailing Address
26 95 STINGRAY ST.
Suite, Apt. #, etc. 27
City & State 28 DESTIN, FL
Zip 29 32541 Country 30 USA

4. FEI Number: 59-3389466 ☐ 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

BLOUNT, TRACI L
74 DUNE DRIVE
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name: Marcie D. Atkinson
82 Street Address (P.O. Box Number is Not Acceptable): 95 Stingray St.
83
84 City: Destin FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.1502 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: Marcie D. Atkinson — Marcie D. Atkinson — 2-10-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ATKINSON, MARCIE D ~~1605 WOODRIDGE COURT~~ ~~CUMMING GA 30131~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V,T,S,D 95 Stingray St. Destin, FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHER, JEAN L ~~1605 WOODRIDGE COURT~~ ~~CUMMING GA 30131~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P,D,C 95 Stingray St. Destin, FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Marcie D. Atkinson — Marcie D. Atkinson 2/10/97 — 904 650 3355