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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P96000085449 (2)**

1. Corporation Name
EXECUTIVE CIGARS INC.

Principal Place of Business	Mailing Address
15026 SOUTHFORK DR. TAMPA FL 33624	15026 SOUTHFORK DR. TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1996

2. Principal Place of Business	2a. Mailing Address
21 15107 SOUTHFORK DR.	26 3837 Northdale Blvd
22 Suite, Apt. #, etc.	27 254
23 City & State: TAMPA, FLORIDA	28 TAMPA FL
24 Zip: 33624 25 Country: USA	29 Zip: 33624 30 Country: USA

4. FEI Number: 59-3403704 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TAMAYO, JOHN M 395 S. CENTRAL AVE. BARTOW FL 33830	81 Name: STEVEN F. JONES 82 Street Address (P.O. Box Number is Not Acceptable): 15107 SOUTHFORK DRIVE 83 84 City: TAMPA FL 85 Zip Code: 33624

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: S Jones STEVEN F. JONES PRESIDENT 4/15/98
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	P	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	GILLIS, MICHAEL C		1.2 NAME	JONES, STEVEN F.	
STREET ADDRESS	15026 SOUTHFORK DR.		1.3 STREET ADDRESS	15107 SOUTHFORK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	V	☑ DELETE	2.1 TITLE	V	☑ Change ☐ Addition
NAME	GILLIS, ARLENE		2.2 NAME	JONES, MARILYN H.	
STREET ADDRESS	15026 SOUTHFORK DR.		2.3 STREET ADDRESS	15107 SOUTHFORK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624		2.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: S Jones STEVEN F. JONES 4/15/98 813-968-1220