FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000090361 (2)

1. Corporation Name

FLORIDA TOBACCO HOLDINGS, INC.

Principal Place of Business	Mailing Address
GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST. PETERSBURG FL 33702	GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST. PETERSBURG FL 33702-2460

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/04/1996

3a. Date of Last Report

4. FEI Number: 59-3408375 ☐ 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

MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG FL 33702

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	~~VPD~~	☑ DELETE
NAME	~~MASCARA, ERNEST L~~	
STREET ADDRESS	~~877 EXECUTIVE CENTER DRIVE WEST, STE 303~~	
CITY-ST-ZIP	~~ST. PETERSBURG FL 33702~~	
TITLE	DS	☐ DELETE
NAME	ERNEST L. MASCARA	
STREET ADDRESS	877 Executive Center Dr. W., Ste 303	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	DP	☐ DELETE
NAME	JOHN LODER	
STREET ADDRESS	877 Executive Center Dr. W., Ste 303	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	DVP	☐ DELETE
NAME	NICHOLAS I. PERDOMO, JR.	
STREET ADDRESS	877 Executive Center Dr. W., Ste 303	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	DT	☐ DELETE
NAME	SPEROS G. HAMPILOS	
STREET ADDRESS	877 Executive Center Dr. W., Ste 303	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change	☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change	☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change	☒ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change	☒ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change	☒ Addition
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: John Loder, President 4/30/97 (813) 519-4662