


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 25 AM 10:28

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P97000000429 (5)

1. Corporation Name
TOBACCO PRODUCTS, INC.



Principal Place of Business 466 GODFREY ROAD, SE PALM BAY FL 32909	Mailing Address 466 GODFREY ROAD, SE PALM BAY FL 32909
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1996		3a. Date of Last Report N/A	
2. Principal Place of Business		4. FEI Number 59-3417421	
2a. Mailing Address		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICKER, ROBERT E 3445 MAZUR DRIVE MELBOURNE FL 32901 (SEE ATTACHED)				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	466 GODFREY ROAD S.E.		
				83.			
				84. City	PALM BAY	85. Zip Code	FL 32909

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 *Robert E. Ricker* **ROBERT E. RICKER, DIRECTOR** **7-21-97** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICKER, ROBERT E	1.2 NAME	RICKER, ROBERT E.
STREET ADDRESS	3445 MAZUR DRIVE	1.3 STREET ADDRESS	466 GODFREY ROAD, S.E.
CITY-ST-ZIP	MELBOURNE FL 32901	1.4 CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/P/ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RYAN, NOREEN
STREET ADDRESS		2.3 STREET ADDRESS	466 GODFREY ROAD, S.E.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	000002256230
NAME		4.2 NAME	-08/04/97--01063--022
STREET ADDRESS		4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Noreen Ryan* **NOREEN RYAN** **7/21/97** DATE

CR2E034 (4/97)



TAX AND CONSULTING SERVICE, INC.

ACCOUNTING • TAX PLANNING • PAYROLL • TAX PREPARATION • ESTATE PLANNING • IRS AUDITS

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DOUGLAS D. ROCCAFORTE, J.D.
Member: California Bar • Accredited Tax Advisor

ADRIANE L. ROCCAFORTE, E.A.
Enrolled Agent • Member: NAEA, NATP

July 23, 1997

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Tobacco Products, Inc./Annual Report

Gentlemen:

The Articles of Incorporation for the above named corporation were filed December 30, 1996 (@ 8:56am) and assigned document number P97000000429.

Your Ms. Amy Alan advises that the "P97__" numbers would only have been assigned after the 2:00pm "cut off" on Dec. 30 (??).

In any event, this entity did not receive any notice (PACKET) for the 1997 PROFIT CORPORATION ANNUAL REPORT until on or about July 11, 1997 when it received a "2ND NOTICE" PACKET.

It is our belief that because of the assignment of the "P97__" number, no PACKET was sent to this entity in January/February of 1997; and that this matter surfaced as a result of a change of address notice sent to the Division on or about June 24, 1997. The aforesaid 2ND NOTICE has the corrected/changed mailing address.

Enclosed is the properly executed Annual Report Form and the Corporation's (under its Fictitious Name) check #2206 in the amount of \$165.00.

In light of all the foregoing, it is respectfully requested that you accept the Report, and check, as full compliance with this entity's annual requirements.

Thank you for your courtesy and attention to the foregoing.

Sincerely,

DOUGLAS D. ROCCAFORTE
Tax Counsel For The Firm

xc: N. Ryan, President
Tobacco Products, Inc.