

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # P97000004349 (1)

1. Corporation Name

THE TOBACCO MERCHANT CORPORATION

Principal Place of Business

1877 W STATE RD 434
LONGWOOD FL 32750

Mailing Address

1877 W STATE RD 434
LONGWOOD FL 32750

2. Principal Place of Business

21 State: Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State: Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

HIGGINS, GENE
1877 W STATE RD 434
LONGWOOD FL 32750

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 607.06(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. The duly accepted appointment of registered agent, I, Gene Higgins, will not accept the obligations of section 607.06(5), Florida Statutes.

SIGNATURE

Signature of person authorized to execute this statement

Signature of person authorized to execute this statement

(Date)

12. OFFICERS AND DIRECTORS

11a. Title

NAME
HIGGINS, GENE
1877 W STATE RD 434
LONGWOOD FL 32750

11b. Title

NAME
HIGGINS, DIANNE
1877 W STATE RD 434
LONGWOOD FL 32750

11c. Title

NAME

11d. Title

NAME

11e. Title

NAME

11f. Title

NAME

11g. Title

NAME

11h. Title

NAME

11i. Title

NAME

11j. Title

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11a. Title

NAME

11b. Title

NAME

11c. Title

NAME

11d. Title

NAME

11e. Title

NAME

11f. Title

NAME

11g. Title

NAME

11h. Title

NAME

11i. Title

NAME

11j. Title

NAME

11k. Title

NAME

11l. Title

NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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. I am an officer or director of the corporation or the person or persons 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

Gene Higgins

9-14-98

407/767-6656