**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90138 004 \*\*\*150.00

DOCL	<b>JMENT</b>	#	P97000006231
	J, VI	• •	F3/UUUUUU023

1. Corporation Name

R & A TOBACCO COMPANY, INC.

	·				
Principal Plac	e of Business	Mailing Address		_	# 1001/530 (10 101) 1005) OBSH BONN BONN BONN BONN BONS 1140K CHAR 1141 1005
HC2 BOX 18		1706 ELLIS STREET	•		
240 BUTLER DRIVE BRUNSWICK GA 31520				DO NOT WIRITE IN THIS CRACE	
SATSUMA FL	32189				DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 01/22/1997
2 Principal E	Place of Business	2a. Mailing Address	<del></del>		4. FEI Number Applied For
	INDE OF DUSINESS	26			APPLIED FOR Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		_ \$8.75 Additional
22		27	<del></del>		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent
104	IC IOUN W		81	Name	ne
	ig, John W ? Box 18		82	Street	eet Address (P.O. Box Number is Not Acceptable)
	SUMA FL 32189		83		
JAI	30MA 1 C 32109		63	ļ	•
			84	City	FI 85 Zip Code
	40 007 007	O COT 4500 Florido Status	too the obey	0.00000	ned 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 a	authorized by	the corp	orporation's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statutes	s.	
SIGNATURE	Signature, typed or printed name of registered age	OlOTI	E. Oosetored Age	nt cionatura	ure required when reinstating) DATE
12.		ND DIRECTORS	13.	- agnature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LONG, VICTOR		1.2 NAME		
STREET ADDRESS	AGA OBUNOUNDU AUTHUR		1.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP	BRUNWICK GA 31520		1.4 CITY-5	T-ZIP	
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	LONG, JOHN		2.2 NAME		
STREET ADDRESS	HOA BOW AND		2.3 STREE	T ADDRESS	:SS
CITY-ST-ZIP	SATSUMA FL 32189		2.4 CITY-	ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, J. ALAN		3.2 NAME		
STREET ADDRESS	1706 ELLIS STREET		33 STREE	TADDRESS	iss
CITY-ST-ZIP	BRUNSWICK GA 31520		3.4. CITY-	ST-ZIP_	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	}		4 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	:58
CITY- ST- ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	T 4 DO	
STREET ADDRESS				T ADDRESS	:55
CITY-ST-ZIP		□ AFI CTE	5.4 CITY-5 6 1 TITLE	ZIP	Change Addition
TITLE		☐ DELETE	6.2 NAME		Clearize Clyacoliton
NAME				<del>-</del>	
	1		B & CHDER	TADORESS	

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, even a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

THE OF SIGNING OFFICER OR DIRECTOR