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Feb 05 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 # **P97000018580 (5)**

1. Corporation Name
CUSTOM CIGAR COMPANY, INC.

Principal Place of Business	Mailing Address
4085 L.B. MCLEOD ROAD SUITE F ORLANDO FL 32811	4085 L.B. MCLEOD ROAD SUITE F ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1997

2. Principal Place of Business 21: 4380 36th Street	2a. Mailing Address 26: 4380 36th Street
Suite, Apt. #, etc. 22:	Suite, Apt #, etc. 27:
City & State 23: Orlando FL	City & State 28: Orlando FL
Zip 24: 32811 Country 25: USA	Zip 29: 32811 Country 30: USA

4. FEI Number: 59-3415242 ☐ 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
JOHNSON, KAREN M 819 CHESTNUT STREET SUITE F ORLANDO FL 32811	31 Name: 32 Street Address (P.O. Box Number is Not Acceptable): 11206 Crescent Bay Blvd 33: 34 City: Clermont FL 35 Zip Code: 34711

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: Karen M. Johnson — 1/28/98
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	President ☐ DELETE	13.1	☐ Change ☐ Addition
NAME	Darren Johnson Bay Blvd.	13.2	
STREET ADDRESS	11206 Crescent	13.3	
CITY-ST-ZIP	Clermont, FL 34711	13.4	
TITLE	☐ DELETE	13.2	☐ Change ☐ Addition
NAME		13.2	
STREET ADDRESS		13.2	
CITY-ST-ZIP		13.2	
TITLE	☐ DELETE	13.3	☐ Change ☐ Addition
NAME		13.3	
STREET ADDRESS		13.3	
CITY-ST-ZIP		13.3	
TITLE	☐ DELETE	13.4	☐ Change ☐ Addition
NAME		13.4	
STREET ADDRESS		13.4	
CITY-ST-ZIP		13.4	
TITLE	☐ DELETE	13.5	☐ Change ☐ Addition
NAME		13.5	
STREET ADDRESS		13.5	
CITY-ST-ZIP		13.5	
TITLE	☐ DELETE	13.6	☐ Change ☐ Addition
NAME		13.6	
STREET ADDRESS		13.6	
CITY-ST-ZIP		13.6	

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: Karen M. Johnson — 1/28/98 407 447 1132