

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 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 # P97000066201 (9)

1. Corporation Name

KAW-LIGA CIGAR COMPANY

Principal Place of Business

#10 OLD DERBY BLDG. US 19 NORTH
MONTICELLO FL 32345

Mailing Address

P O BOX 139
MONTICELLO FL 32345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

4. FEI Number

62-1702718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

ATTILIO, DONALD E
#10 OLD DERBY BLDG. US 19 NORTH
MONTICELLO FL 32345

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

Donald E. Attilio

February 18, 1998

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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
President
Donald E. Attilio
Rt. 1, Box 53
Lamont, FL 32336

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Tom Gray
5231 High Colony Dr.
Tallahassee, FL 32301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Donald E. Attilio
Rt. 1, Box 53
Lamont, FL 32336

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Donald E. Attilio
Rt. 1, Box 53
Lamont, FL 32336

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Donald E. Attilio
Rt. 1, Box 53
Lamont, FL 32336

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Treasurer
Donald E. Attilio
Rt. 1, Box 53
Lamont, FL 32336

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Donald E. Attilio

February 18, 1998

CR2E034 (10/97)