

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

**FILED**  
**Apr 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 246321 (4)**  
 1. Corporation Name  
**THRIFTWAY PROPERTIES OF SEBRING INC**



Principal Place of Business <b>3601 CYPRESS GARDENS RD.                  F                  WINTER HAVEN FL 33884                  US</b>	Mailing Address <b>1308 LAKE MIRROR TERR NW                  WINTER HAVEN FL 33881-2338                  US</b>
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3. Date Incorporated or Qualified <b>04/04/1961</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-0967663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>1308 MIRROR TERR NW</b>
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**KONDOR, JAMES O.  
 1308 LAKE MIRROR TERR.NW  
 WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) <b>1308 MIRROR TERRACE NW</b>
83. City
84. City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KONDOR, PHYLLIS E</b>	
STREET ADDRESS	<b>1308 LAKE MIRROR TERRACE</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>JAMES O. KONDOR</b>	
STREET ADDRESS	<b>1308 LAKE MIRROR TERRACE</b>	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1308 MIRROR TERRACE NW</b>
1.4 CITY - ST - ZIP	<b>WINTER HAVEN, FL 33881</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1308 MIRROR TERRACE NW</b>
2.4 CITY - ST - ZIP	<b>WINTER HAVEN, FL 33881</b>

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 changed, or on an attached sheet with an address.

SIGNATURE: **James O. Kondor** 1-14-97 941-384-7711

CR2E034 (9/96)