


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

**FILED**  
**Mar 05 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 246321 (4)**  
 1. Corporation Name  
**THRIFTWAY PROPERTIES OF SEBRING INC**



|   |   |
|---|---|
| Principal Place of Business<br>3601 CYPRESS GARDENS RD.<br>F<br>WINTER HAVEN FL 33884<br>US | Mailing Address<br>1308 MIRROR TERR NW<br>WINTER HAVEN FL 33881<br>US |
|---|---|

3. Date Incorporated or Qualified  
**04/04/1961**

|   |  |   |  |
|---|--|---|--|
| 2. Principal Place of Business<br>21 <b>1308 MIRROR TERRACE NW</b><br>Suite, Apt. #, etc.<br>22 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27 | 23 <b>WINTER HAVEN, FL</b><br>City & State<br>24 <b>33881</b> Zip<br>25 <b>POLK</b> Country | 28<br>City & State<br>29<br>Zip<br>30<br>Country |
|---|--|---|--|

4. FEI Number  
**59-0967663**

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  
**KONDOR, JAMES O.**  
**1308 MIRROR TERRACE 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) |
| 83  |
| 84 City   |
| 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: James O. Kondor DATE: 2-27-98

12. OFFICERS AND DIRECTORS

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

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>33881</b>   |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    | <b>33881</b>   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: James O. Kondor DATE: 2-27-98 9412937952

CR2E034 (10/97)