

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 251819 (9)**

1. Corporation Name

**KONDORS THRIFTWAY OF WINTER HAVEN, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3601 CYPRESS GARDENS RD SUITE F WINTER HAVEN FL 33884 US	3601 CYPRESS GARDENS RD SUITE F WINTER HAVEN FL 33884 US

3. Date Incorporated or Qualified **10/03/1961**      3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip      Country	28 Zip      Country
24      25	29      30

4. FEI Number **59-0944321**      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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**KONDOR, JAMES O  
1308 LAKE MIRROR TERR., N.W.  
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>KONDOR, JAMES O</b>
STREET ADDRESS	<b>1308 LK MIRROR TERR. NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>VD</b>
NAME	<b>KONDOR, THOMAS E</b>
STREET ADDRESS	<b>201 PAINE DR., S.E.</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>SD</b>
NAME	<b>KONDOR, PHYLLIS E</b>
STREET ADDRESS	<b>1308 LK. MIRROR TERR. NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>T</b>
NAME	<b>KONDOR, PHYLLIS E.</b>
STREET ADDRESS	<b>1308 LK MIRROR TERR. NW</b>
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.E. Kondor      T.E. Kondor, Vice President      4/1/95      913-324-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number