

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **251819** (9)
1. Corporation Name
KONDORS THRIFTWAY OF WINTER HAVEN, INC.



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

3. Date Incorporated or Qualified: **10/03/1961**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 1308 LAKE MIRROR TERR NW**
22 Suite, Apt. #, etc.
23 City & State: **WINTER HAVEN, FL**
24 Zip: **33881** Country: **POLK**
25 Country
26 Mailing Address: **1308 LAKE MIRROR TERR NW**
27 Suite, Apt. #, etc.
28 City & State: **WINTER HAVEN, FL**
29 Zip: **33881** Country: **POLK**
30 Country
4. FEI Number: **59-0944321**
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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDOR, JAMES O	1.2 NAME	
STREET ADDRESS	1308 LK MIRROR TERR. NW	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDOR, THOMAS E	2.2 NAME	
STREET ADDRESS	201 PAINE DR., S.E.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDOR, PHYLLIS E	3.2 NAME	
STREET ADDRESS	1308 LK. MIRROR TERR. NW	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONDOR, PHYLLIS E.	4.2 NAME	
STREET ADDRESS	1308 LK MIRROR TERR. NW	4.3 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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* 3-6-96 941-3247711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)