

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90213 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 251819

1. Corporation Name KONDORS THRIFTWAY OF WINTER HAVEN, INC.

Principal Place of Business 1308 MIRROR TERRACE NW SUITE F WINTER HAVEN FL 33881 US
Mailing Address 1308 MIRROR TERR NW WINTER HAVEN FL 33881 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1308 MIRROR TERR NW 22 Suite, Apt. #, etc. 23 WINTER HAVEN, FL 24 33884 25 US 26 27 28 29 30

3. Date Incorporated or Qualified 10/03/1961
4. FEI Number 59-0944321
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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent KONDOR, JAMES O 1308 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) 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
TITLE PD NAME KONDOR, JAMES O STREET ADDRESS 1308 MIRROR TERR NW CITY-ST-ZIP WINTER HAVEN FL
TITLE SD NAME KONDOR, PHYLLIS E STREET ADDRESS 1308 MIRROR TERR NW CITY-ST-ZIP WINTER HAVEN FL
TITLE T NAME KONDOR, PHYLLIS E. STREET ADDRESS 1308 MIRROR TERR NW CITY-ST-ZIP WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE STD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 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, with all other like information.

SIGNATURE: JAMES O. KONDOR, PRES James O. Kondor 1-20-99 941-293-3796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)