FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:03

DOCUMENT # **F93000000792 (2)**

1. Corporation Name

THE THRIFTEE GROUP, INC.

Principal Place of Business	Mailing Address
1426 E. FLETCHER AVE. TAMPA FL 33612	1426 E. FLETCHER AVE. TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 01/10/1995

2. Principal Place of Business — 21 — Suite, Apt #, etc. — 22 — City & State — 23 — Zip — 24 — 25
2a. Mailing Address — 26: 4818 Starkey Road — Suite, Apt #, etc. — 27 — City & State — 28: Roanoke VIRGINIA — Zip — 29: 24014 — County — 30: ROANOKE

4. FEI Number: 54-1432116 ☐ 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

7. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOEZI, TONYA
12930 PRESTWICK DR.
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name: DANA DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): 210 N. BEVERLY
83
84 City: TAMPA **FL** 85 Zip Code: 33609

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: Dana M. Davis — 5-15-95
Signature of new registered agent if applicable — Printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	11 TITLE	☐ Change ☐ Addition
NAME	TESTAVERDE, DAMON	12 NAME	
STREET ADDRESS	580 OAKDALE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY 10312	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BUCHHOLZ, EDWARD T	22 NAME	
STREET ADDRESS	223 SHORE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	MONETA VA 24121	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CHILTON, DANIEL	32 NAME	
STREET ADDRESS	393 TANQUIL LANE	33 STREET ADDRESS	
CITY-ST-ZIP	AGOURA CA 91301	34 CITY-ST-ZIP	
TITLE	CFO	41 TITLE	☐ Change ☐ Addition
NAME	LINESCH, JAMES	42 NAME	
STREET ADDRESS	8220 W. 83RD ST.	43 STREET ADDRESS	
CITY-ST-ZIP	PLAY DEL RAY CA 90293	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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: E.T. Buchholz Pres. — 4/4/95 — 703-776-0512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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0002010 FP