

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA 33604
TELEPHONE: 813-224-7711

APPROVED
MAY 10 1995

DOCUMENT # **251806** (6)

THRIFTWAY MERCHANDISING CORPORATION

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1961** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-0944476** 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 registration fees under Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

22. Suite, Apt. # etc. 27. Suite, Apt. # etc.

23. City & State 28. City & State

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**KONDOR, JAMES O
1308 LAKE MIRROR TERRACE
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 607.1502 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 Sections 607.011, 607.1502, Florida Statutes.

SIGNATURE: _____ Title of Agent: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	NAME AND ADDRESS	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	PD KONDOR, JAMES O 1308 LAKE MIRROR TERR. WINTER HAVEN FL	2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICER	NAME AND ADDRESS	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	VD KONDOR, THOMAS E 201 PAINE DR. SE. WINTER HAVEN FL	6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICER	NAME AND ADDRESS	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	SD KONDOR, PHYLLIS E 1308 LAKE MIRROR TERR. WINTER HAVEN FL	10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER	NAME AND ADDRESS	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME	T KONDOR, PHYLLIS E. 1308 LAKE MIRROR TERR. WINTER HAVEN FL	14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
OFFICER	NAME AND ADDRESS	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in section 111.02, Florida Statutes. I further certify that this information is included on this annual report or supplemental annual report as 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 11 of Block 1 of this filing or on an attachment with an address.

SIGNATURE: *T.E. Kondor* **TE Kondor Vice President** 4/1/95 813-324-7711

TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR