

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 # 821065 (0)

1. Corporation Name
THRIFTAX INC



Principal Place of Business

1100 W GARDEN ST
PENSACOLA FL 32501
US

Mailing Address

2015 SECOND AVENUE NORTH, SUITE M-100
BIRMINGHAM AL 35203

3. Date Incorporated or Qualified 01/12/1968	3a. Date of Last Report 03/01/1995
4. FEI Number 63-0500427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 2100 16TH AV SOUTH
22. City & State	27. SUITE 100
23. Zip	28. BIRMINGHAM AL
24. Country	29. 35205
25. Country	30. US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

FL

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROY W	1.2 NAME	
STREET ADDRESS	2015 SECOND AV N, #M-100	1.3 STREET ADDRESS	2100 16TH AVENUE SOUTH, SUITE 100
CITY- ST- ZIP	BIRMINGHAM, AL 00000	1.4 CITY- ST- ZIP	BIRMINGHAM AL 35205
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWELL, W W	2.2 NAME	
STREET ADDRESS	2015 SECOND AV N, #M-100	2.3 STREET ADDRESS	2100 16TH AVENUE SOUTH, SUITE 100
CITY- ST- ZIP	BIRMINGHAM, AL 00000	2.4 CITY- ST- ZIP	BIRMINGHAM AL 35205
TITLE	VS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVID L	3.2 NAME	
STREET ADDRESS	2015 SECOND AV N, #M-100	3.3 STREET ADDRESS	2100 16TH AVENUE SOUTH, SUITE 100
CITY- ST- ZIP	BIRMINGHAM, AL 00000	3.4 CITY- ST- ZIP	BIRMINGHAM AL 35205
TITLE	VTD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JAMES W	4.2 NAME	
STREET ADDRESS	2015 SECOND AV N, #M-100	4.3 STREET ADDRESS	2100 16TH AVENUE SOUTH, SUITE 100
CITY- ST- ZIP	BIRMINGHAM, AL 00000	4.4 CITY- ST- ZIP	BIRMINGHAM AL 35205
TITLE		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		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

(205) 933-5625

CR2E034 (12/95)