


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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821065 (0)  
1. Corporation Name  
THRIFTAX INC

Principal Place of Business  
1100 W GARDEN ST  
PENSACOLA FL 32501  
US

Mailing Address  
2100 16TH AVE. SOUTH  
SUITE 100  
BIRMINGHAM AL 35205  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 1214 ALFORD AVENUE		01/12/1968	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 BIRMINGHAM, AL		63-0500427	
24 Zip		29 35226		5. Certificate of Status Desired	
25 Country		30 U.S.		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 607.0502 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOHNSON, ROY W		1.2 NAME				
STREET ADDRESS	2100 16TH AVENUE SOUTH, SUITE 100		1.3 STREET ADDRESS	BIRMINGHAM AL 35205			
CITY - ST - ZIP	BIRMINGHAM AL 21		1.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CONWELL, W W		2.2 NAME				
STREET ADDRESS	2100 16TH AVENUE SOUTH, SUITE 100		2.3 STREET ADDRESS	BIRMINGHAM AL 35205			
CITY - ST - ZIP	BIRMINGHAM AL 21		2.4 CITY - ST - ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JONES, DAVID L		3.2 NAME				
STREET ADDRESS	2100 16TH AVE. SOUTH, SUITE 100		3.3 STREET ADDRESS	BIRMINGHAM AL 35205			
CITY - ST - ZIP	BIRMINGHAM AL 21		3.4 CITY - ST - ZIP				
TITLE	VID	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GRAHAM, JAMES W		4.2 NAME				
STREET ADDRESS	2100 16TH AVE. SOUTH, SUITE 100		4.3 STREET ADDRESS	BIRMINGHAM AL 35205			
CITY - ST - ZIP	BIRMINGHAM AL 21		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 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.

SIGNATURE:  JAMES W. GRAHAM, VP, 3/24/98, 205-933-5625

CR2E034 (10/97)