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May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000000246 (7)

1. Corporation Name  
THRIFTY CALL, INC.

Principal Place of Business  
410 CARLSON CIR.  
SAN MARCOS TX 78668

Mailing Address  
410 CARLSON CIR.  
SAN MARCOS TX 78668-6730



3. Date Incorporated or Qualified 01/17/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1596154	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH 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

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	DPT	1.1 TITLE	
NAME	LOVELADY, HAROLD E	1.2 NAME	
STREET ADDRESS	410 CARLSON CIR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	SAN MARCOS TX 78668	1.4 CITY- ST- ZIP	
TITLE	DS	2.1 TITLE	
NAME	BATZ, GARY C	2.2 NAME	
STREET ADDRESS	410 CARLSON CIR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	SAN MARCOS TX 78668	2.4 CITY- ST- ZIP	
TITLE	ASV	3.1 TITLE	
NAME	RAINOSEK, BERNICE	3.2 NAME	
STREET ADDRESS	410 CARLSON CIR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	SAN MARCOS TX 78668	3.4 CITY- ST- ZIP	
TITLE	DIRECTOR	4.1 TITLE	
NAME	SALLY A. BATZ	4.2 NAME	
STREET ADDRESS	401 CARLSON CIRCLE	4.3 STREET ADDRESS	
CITY- ST- ZIP	SAN MARCOS, TX 78666	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4/24/97 DAYTIME PHONE: 512-392-6284

CR2E034 (9/96)