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
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G42834 (3)

1. Corporation Name
THRIFTY HOMES, INC.

Principal Place of Business	Mailing Address
326 OHIO AVE VALPARAISO FL 32580 US	326 OHIO AVE VALPARAISO FL 32580 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 880 MAYO TRAIL
22: Suite, Apt. #, etc.
23: City & State: CRESTVIEW, FL.
24: Zip: 32536 25: Country: USA

2a. Mailing Address
26: 4062 LEESHIRE
27: Suite, Apt. #, etc.
28: City & State: HOUSTON, TX.
29: Zip: 77025 30: Country: USA.

4. FEI Number: 59-2296168 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HUDSON, ROBERT
326 OHIO AVE
VALPARAISO FL 32580
(DECEASED)

10. Name and Address of New Registered Agent

81 Name: THOMAS ROGERS
82 Street Address (P.O. Box Number is Not Acceptable): 826 MAYO TRAIL LOT #4
83:
84 City: CRESTVIEW FL 85 Zip Code: 32536

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: Thomas C Rogers MGR. Thomas C Rogers 8-7-95
Signature, typed or 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	PD	1.1 TITLE	P/D/C/M ☒ Change ☐ Addition
NAME	HUDSON, ROBERT (DECEASED)	1.2 NAME	RAYMOND A. HUDSON
STREET ADDRESS	326 OHIO AVE	1.3 STREET ADDRESS	4062 LEESHIRE
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	HOUSTON, TX. 77025
TITLE	VD	2.1 TITLE	V/D/S/T ☒ Change ☐ Addition
NAME	HUDSON, RAYMOND	2.2 NAME	VIVIANNE R. HUDSON
STREET ADDRESS	7415 UNIVERSAL STREET	2.3 STREET ADDRESS	4062 LEESHIRE
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	HOUSTON, TX. 77025
TITLE	SD	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	HUDSON, VIVIANNE	3.2 NAME	WILLIAM BORDEN
STREET ADDRESS	7415 UNIVERSAL STREET	3.3 STREET ADDRESS	4062 LEESHIRE
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	HOUSTON, TX. 77025
TITLE		4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		4.2 NAME	MARGARET M. FRANKLIN
STREET ADDRESS		4.3 STREET ADDRESS	2213 SPUR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	GRAPEVINE, TX. 76051
TITLE		5.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		5.2 NAME	MARIA TERESA BORDEN
STREET ADDRESS		5.3 STREET ADDRESS	4062 LEESHIRE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOUSTON, TX. 77025
TITLE		6.1 TITLE	☐ Change ☐ 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)(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 changed, or on an attachment with an address.

SIGNATURE: Raymond A Hudson 7/25/95 (713) 851-3330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
RAYMOND A. HUDSON

0471310 FP