

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 # **G42834** (3)

1. Corporation Name

THRIFTY HOMES, INC.

Principal Place of Business

**880 MAYO TRAIL
CRESTVIEW FL 32536
US**

Mailing Address

**4062 LEESHIRE
HOUSTON FL 77025
US**

TX.



3. Date Incorporated or Qualified

06/09/1983

3a. Date of Last Report

08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4062 LEESHIRE

4. FEI Number

59-2296168

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOUSTON, TX

Zip

Country

Zip

Country

77025

HARRIS

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

10. Name and Address of New Registered Agent

ROGERS, THOMAS

826 MAYO TRAIL #4

32536VIEW FL 32580

CRESTVIEW, FL 32536

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	DELETED
PDCM	HUDSON, RAYMOND A	4062 LEESHIRE	HOUSTON TX	<input type="checkbox"/>
V DST	HUDSON, VIVIANNE R.	4062 LEESHIRE	HOUSTON TX	<input type="checkbox"/>
SD	HUDSON, VIVIANNE	7415 UNIVERSAL STREET	HOUSTON TX	<input checked="" type="checkbox"/>
D	BORDEN, WILLIAM	4062 LEESHIRE	HOUSTON TX	<input type="checkbox"/>
D	FRANKLIN, MARGARET M.	2213 SPUR	GRAPEVINE TX	<input type="checkbox"/>
D	TERISA RAGLAND	4062 LEESHIRE	HOUSTON, TX 77025	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY- ST- ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY- ST- ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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

1/31/96 (713) 851-3330

Date Daytime Phone #

CR2E034 (12/95)