

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -5 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H67787 (2)**  
1. Corporation Name  
**LAST CHANCE THRIFT STORES, INC.**

Principal Place of Business Mailing Address  
**36500 U.S. HWY. 19 N. PALM HARBOR FL 34684**      **36500 U.S. HWY. 19 N. PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/18/1985**      3a. Date of Last Report **03/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		20		59-2596380		Not Applicable	
State Apt # etc		State Apt # etc		5. Certificate of Status Desired		58.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		55.00 May Be Added to Fees	
City & State		City & State		6. The corporation has liability for obligations for under 100,000 Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Country		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TULLIS, WILLIAM R. 36500 U.S. HWY. 19 N. PALM HARBOR FL 34684</b>				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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of Registered Agent and the Corporation)      (Signature of Registered Agent and the Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLIS, WILLIAM R.	1.2 NAME	
STREET ADDRESS	36500 U.S. HWY. 19 N. PALM HARBOR FL	1.3 STREET ADDRESS	
CITY, ST., ZIP		1.4 CITY, ST., ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLIS, RODNEY F.	2.2 NAME	
STREET ADDRESS	36500 U.S. HWY. 19 N. PALM HARBOR FL	2.3 STREET ADDRESS	
CITY, ST., ZIP		2.4 CITY, ST., ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULLIS, BEN V.	3.2 NAME	
STREET ADDRESS	36500 U.S. HWY. 19 N. PALM HARBOR FL	3.3 STREET ADDRESS	
CITY, ST., ZIP		3.4 CITY, ST., ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST., ZIP		4.4 CITY, ST., ZIP	
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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature that 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: *Bill Tullis*      6/28/95      733-1257  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)