

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H67787** (2)

1. Corporation Name  
**LAST CHANCE THRIFT STORES, INC.**



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

3. Date Incorporated or Qualified: 07/18/1985  
3a. Date of Last Report: 07/05/1995

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 25. Country 29. Country 30. Country

4. FEI Number: 59-2596380  
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

TULLIS, WILLIAM R.  
36500 U.S. HWY. 19 N.  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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: *Bill R. Tullis* DATE: 3/26/96

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PSD                   | <input type="checkbox"/> DELETE |
| NAME           | TULLIS, WILLIAM R.    |                                 |
| STREET ADDRESS | 36500 U.S. HWY. 19 N. |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL        |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | TULLIS, RODNEY F.     |                                 |
| STREET ADDRESS | 36500 U.S. HWY. 19 N. |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL        |                                 |
| TITLE          | TD                    | <input type="checkbox"/> DELETE |
| NAME           | TULLIS, BEN V.        |                                 |
| STREET ADDRESS | 36500 U.S. HWY. 19 N. |                                 |
| CITY-ST-ZIP    | PALM HARBOR FL        |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY-ST-ZIP    |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY-ST-ZIP    |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY-ST-ZIP    |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY-ST-ZIP    |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY-ST-ZIP    |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 64. CITY-ST-ZIP    |   |

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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: *Bill R. Tullis* DATE: 4/6/96

CR2E034 (12/95)