FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000895 (3)

1. Corporation Name

THRIFT & COLLECTIBLE CONSIGNMENT, INC.

Principal Place of Business	Mailing Address
C/O ANGELA HACKENDALE 4429 WINDERBROOK CT. JACKSONVILLE FL 32257	C/O ANGELA HACKENDALE 4429 WINDERBROOK CT. JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3169966 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HACKENDALE, ANGELA
4429 WINDERBROOK COURT
JACKSONVILLE FL 32257

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HACKENDALE, ANGELA	12 NAME	
STREET ADDRESS	4274 WINDERGATE DRIVE	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32257	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KNAUER, DEBORAH	22 NAME	
STREET ADDRESS	4323 MCGIRTS	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32205	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MILLER, PAUL G JR	32 NAME	
STREET ADDRESS	4029 ATLANTIC BLVD.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32207	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GAY, ROBERT (BOB)	42 NAME	
STREET ADDRESS	4961 ORTEGA FARMS BOULEVARD	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32210	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BUCK, JAMES R	52 NAME	
STREET ADDRESS	4216 WEST OLD MILL COVE TRIAL	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32211	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angela C. Hackendale
*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANGELA C. HACKENDALE

April 26, 1995 (904) 268-5775
Date Daytime Phone #

0028738