

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

02/15/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 12749 Longview Drive West

26 12749 Longview Drive West

4. FEI Number

59-3169966

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32223

25 U.S.A.

29 32223

30 U.S.A.

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

HACKENDALE, ANGELA  
4429 WINDERBROOK COURT  
JACKSONVILLE FL 32257

81 Name

ANGELA C. HACKENDALE

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

12749 Longview Drive West

83

84 City

Jacksonville

FL

85 Zip Code

32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ANGELA C. HACKENDALE

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

(NOTE: Registered Agent signature required when reinstating)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME HACKENDALE, ANGELA  
STREET ADDRESS 4274 WINDERGATE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32257

1.1 TITLE President/Director ☒ Change ☐ Addition  
1.2 NAME ANGELA HACKENDALE  
1.3 STREET ADDRESS 12749 Longview Drive West  
1.4 CITY-ST-ZIP Jacksonville, FL 32223

TITLE SD ☐ DELETE  
NAME KNAUER, DEBORAH  
STREET ADDRESS 4323 MCGIRTS  
CITY-ST-ZIP JACKSONVILLE FL 32205

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME MILLER, PAUL G JR  
STREET ADDRESS 4029 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

3.1 TITLE Treasurer/Director ☒ Change ☐ Addition  
3.2 NAME PAUL G. MILLER, JR.  
3.3 STREET ADDRESS 12187 Beach Blvd., Suite #10  
3.4 CITY-ST-ZIP Jacksonville, Florida 32246

TITLE D ☐ DELETE  
NAME GAY, ROBERT (BOB)  
STREET ADDRESS 4961 ORTEGA FARMS BOULEVARD  
CITY-ST-ZIP JACKSONVILLE FL 32210

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BUCK, JAMES R  
STREET ADDRESS 4216 WEST OLD MILL COVE TRIAL  
CITY-ST-ZIP JACKSONVILLE FL 32211

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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 617, 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

4/26/96

DATE

(904) 268-5775

Daytime Phone #

CR2E037 (12/95)