

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

**12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32223
US****12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32223-2619
US**3. Date Incorporated or Qualified
02/15/19933a. Date of Last Report
05/01/19962. Principal Place of Business
21 713 Lockwood Lane2a. Mailing Address
26 713 Lockwood Lane4. FEI Number
59-3169966Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**City & State
23 Jacksonville, FloridaCity & State
28 Jacksonville, Florida6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**Zip
24 32259Country
25 USAZip
29 32259Country
30 USA8. 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
12749 LONGVIEW DRIVE WEST
JACKSONVILLE FL 32223**81 Name
Hackendale, Angela82 Street Address (P.O. Box Number is Not Acceptable)
713 Lockwood Lane

83

84 City
Jacksonville, FL 85 Zip Code
32259

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

President**April 28, 1997**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD HACKENDALE, ANGELA**
STREET ADDRESS **12749 LONGVIEW DRIVE WEST**
CITY - ST - ZIP **JACKSONVILLE FL**1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD HACKENDALE, ANGELA**
1.3 STREET ADDRESS **713 Lockwood Lane**
1.4 CITY - ST - ZIP **Jacksonville, Florida 32259**TITLE ☐ DELETE
NAME **SD 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 - ZIPTITLE ☐ DELETE
NAME **TD MILLER, PAUL G JR**
STREET ADDRESS **12187 BEACH BLVD #10**
CITY - ST - ZIP **JACKSONVILLE FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **D 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 - ZIPTITLE ☐ DELETE
NAME **D BUCK, JAMES R**
STREET ADDRESS **4216 WEST OLD MILL COVE TRAIL**
CITY - ST - ZIP **JACKSONVILLE FL 32211**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 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 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 HACKENDALE**April 28, 1997**

Date

Daytime Phone 4006666

CR2E037 (9/96)