

**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 # **N95000001793 (7)**

1. Corporation Name  
**HOPE THRIFT STORES, INC.**



Principal Place of Business  
**7305 MUSHINSKI ROAD  
TAMPA FL 33605**

Mailing Address  
**7305 MUSHINSKI ROAD  
TAMPA FL 33605**

3. Date Incorporated or Qualified **04/17/1995** 3a. Date of Last Report **N/A**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26				<input checked="" type="checkbox"/>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28					
Zip		Country		29		Country	
24		25		30			

9. Name and Address of Current Registered Agent  
**OJEDA, ALDO ESQ.  
4044 N. AMENIA AVENUE  
SUITE 350  
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name **JACK L. HIGH**

82 Street Address (P.O. Box Number is Not Acceptable) **7305 MUSHINSKI RD.**

83

84 City **TAMPA** FL 85 Zip Code **33606**

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 *Jack L. High* **Jack L. High** **04-10-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAFFER, RONALD L	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERRELL, LEWIS	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHAFFER, ALFRED W	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HIGH, JACK L	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33605	
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	

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: *Ronald W. Schaffer* **Ronald W. Schaffer** **04-10-96** **813.96.124**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)