


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
 AND  
 FILED

1997 OCT -3 PM 12: 31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001793 (7)**  
 1. Corporation Name  
**HOPE THRIFT STORES, INC.**



Principal Place of Business <b>7305 MUSHINSKI ROAD TAMPA FL 33625</b>	Mailing Address <b>7305 MUSHINSKI ROAD TAMPA FL 33625</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/17/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>APPLIED FOR NOT APPLICABLE</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**HIGH, JACK L**  
**7305 MUSHINSKI RD.**  
**TAMPA FL 33625**

10. Name and Address of New Registered Agent

81. Name <b>ARLIE P. COLE</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>7305 MUSHINSKI RD.</b>
83. _____
84. City <b>TAMPA</b>
85. Zip Code <b>FL 33625</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: *[Signature]* DATE: **9-15-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHAFFER, RONALD L	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERRELL, LEWIS	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHAFFER, ALFRED W	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HIGH, JACK L	
STREET ADDRESS	7305 MUSHINSKI ROAD	
CITY-ST-ZIP	TAMPA FL 33625	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ARLIE P. COLE</b>
4.3 STREET ADDRESS	<b>7305 MUSHINSKI RD.</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL 33625</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002313625  
 -10/07/97--01025--016  
 \*\*\*\*\*70.00 \*\*\*\*\*70.00

*[Signature]*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* SIGNATURE REQUIRED **9-15-97 8:3-96/12/14**

CR2E037 (4/97)