

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011342

1. Corporation Name
VALUE THRIFT, INC.

Principal Place of Business

1433 S BABCOCK ST
MELBOURNE FL 32901
US

Mailing Address

1433 S BABCOCK ST
MELBOURNE FL 32901
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90173 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1992

4. FEI Number

59-3172485

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 321607

22 City & State

23 Zip Country

27 City & State

28 Cocoa Beach, FL

29 Zip Country

30 32932-1607

9. Name and Address of Current Registered Agent

J PATRICK ANDERSON ESQUIRE
930 S HARBOR CITY BLVD, STE 505
MELBOURNE FL 32907

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARK T SHAW
STREET ADDRESS 1457 MEADOWBROOK RD NE
CITY-ST-ZIP PALM BAY FL

TITLE D ☐ DELETE

NAME SHAW APRIL
STREET ADDRESS 1457 MEADOWBROOK RD NE
CITY-ST-ZIP PALM BAY FL

TITLE D ☐ DELETE

NAME SEFEROS, JACQUELINE
STREET ADDRESS 24202 N 86TH ST
CITY-ST-ZIP SCOTTSDALE AZ 85255

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3571 S. Atlantic Ave.

1.4 CITY-ST-ZIP Cocoa Beach, FL 32931

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3571 S. Atlantic Ave.

2.4 CITY-ST-ZIP Cocoa Beach, FL 32931

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *April Shaw* SIGNATURE REQUIRED *April Shaw*

1/18/99 407-799-0830

CR2E034 (11/98)