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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082668 (3)

ONE STOP COMMUNITY THRIFT STORE, INC.

Delevie of Stee	10	No. 17	THE PARTY OF THE P		
Principal Plac		Mailing Address			
1601 NE 25 AVE. 3000 S.W. 98TH STREET UNIT 103 OCALA FL 34476 OCALA FL 34470 US			T ROAD		
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
				11/22/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	N	26		59-3211196	Not Applicable
Suite, Apt.	#, GC.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	— · —/-
24	25 25 Name and Address of Curr	[29]	[30]	Personal Property Tax due June 30 10. Name and Address of New Regis	
		ent negistered Agent	61 Name	10. Itania alla Addiess di Itali negis	teled Agent
	UEGER, SCOTT D				
	4 S. MAIN STREET		62 Street Add	dress (P.O. Box Number is Not Acceptable)	
GA	INESVILLE FL 32601		83		
			84 City		FL 85 Zip Code
15 Pureupnt	to the provisions of Sections 607.0	1502 and 607 1508. Florida Statu	ites the above-named cor	poration submits this statement for the purp	. <u> </u>
office or r	registered agent, or both, in the Sta	ate of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accept the	ne appointment as registered
	m familiar with, and accopt the ob	ligations of, Section 607.0505, F	florida Statutes.		
SIGNATURE	Signature, typed or printed name of registered	agent and title d applicable (NC	OTE: Registered Agent signature requ	ured when reinstaling)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	HOWARD, DAVID H		1.2 NAME		
STREET ADDRESS	3000 S.W. 98TH STREET R	OAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	O CALA FL 34476		1.4 CITY - ST - ZIP		
TITLE	D	☐ DÉLETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, SANDRA S		2.2 NAME		
STREET ADDRESS	3000 S.W. 98TH STREET R	OAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34476		2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ Detel€	4.1 TITLE		□1 cuanãs (□1 wonition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		_ • •
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 2IP		
14. I hereby o	certify that the information supplied	with this filing does not qualify	for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furt	ther certify that the information
officer or a	on this annual report or suppleme director of the corporation or the re or Block 13 if changed, or on an a	sceiver ar trustee empowered to	ccurate and that my signal because this report as rec	ure shall have the same legal effect as if ma quired by Chapter 607, Florida Statutes; and	ade under oath; that I am an dithat my name appears in