

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32399-0001
TEL: 904-251-4441 FAX: 904-251-4442

APPROVED
AND
FILED

95 MAR -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012081 (3)

1. Corporation Name

THE THRIFTY DOLLAR, INC.

2. Principal Place of Business

4650 OLD WINTER GARDEN RD
ORLANDO FL 32811

2a. Mailing Address

4650 OLD WINTER GARDEN RD
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

4. FFI Number

59-3225295

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

21. Principal Place of Business

7800 S HWY 17-92 #124

State, Apt. #, etc.

124

City & State

FERN PARK, FL

Zip

32730

Country

USA

26. Mailing Address

7800 S HWY 17-92

State, Apt. #, etc.

124

City & State

FERN PARK, FL

Zip

32730

Country

USA

9. Name and Address of Current Registered Agent

SHAIKH, AFZAL
4650 OLD WINTER GARDEN RD
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81. Name

SHAIKH, AFZAL

82. Street Address (P.O. Box Number is Not Acceptable)

7800 S HWY 17-92

83. City

124

84. City

FERN PARK

FL

85. Zip Code

32730

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]

03/03/95

Typed Name of Registered Agent and Mailing Address

Typed Name of Agent Submitting Report and Mailing Address

DATE

12. OFFICERS AND DIRECTORS

1. NAME
D SHAIKH, AFZAL
2. STREET ADDRESS
4650 OLD WINTER GARDEN RD
3. CITY, ST, ZIP
ORLANDO FL 32811

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. NAME
D SHAIKH, AFZAL
2. STREET ADDRESS
7800 S HWY 17-92, #124,
3. CITY, ST, ZIP
FERN PARK, FL 32730

4. 2. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

7. 3. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

10. 4. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

13. 5. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

16. 6. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

14. I, the undersigned, certify that this statement was prepared by me or by a duly authorized person and that it is true and correct. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that my report is prepared in accordance with the provisions of the Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/95