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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S46061 (5)

1. Corporation Name
THRIFTWAY OF PAHOKEE, INC.

Principal Place of Business	Mailing Address
191 RARDIN AVENUE PAHOKEE FL 33476	191 RARDIN AVENUE PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0255739	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

KAHOK, AHMAD
12771 WEST FOREST HILL BLVD
WEST PALM BEACH FL 33414

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 _______ DATE _______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☒ Change ☐ Addition
NAME	KAHOK, AHMAD	1.2 NAME	
STREET ADDRESS	~~12773 W FOREST HILL BLVD~~	1.3 STREET ADDRESS	1537 BACOM POINT ROAD
CITY ST ZIP	~~WEST PALM BEACH FL~~	1.4 CITY ST ZIP	PAHOKEE, FLORIDA 33476
TITLE	DVT	2.1 TITLE	☒ Change ☐ Addition
NAME	KAHOOK, NAIM	2.2 NAME	
STREET ADDRESS	~~181 RARDIN AVE~~	2.3 STREET ADDRESS	1537 BACOM POINT ROAD
CITY ST ZIP	PAHOKEE FL	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	CONLEY, ADA B	3.2 NAME	
STREET ADDRESS	~~201 CARISSA DR.~~	3.3 STREET ADDRESS	13600 SW CONNERS HWY
CITY ST ZIP	~~PAHOKEE FL~~	3.4 CITY ST ZIP	OKEECHOBEE, FL 34974
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ada B. Conley ADA B. CONLEY 04/28/95 407-924-7602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0283724 CP