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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Suite, Apt. #, etc.

21

V28503

(3)

THRIFT CENTER, INC.

Principal Place of Business	Mailing Address 7001 MERRILL RD SUITE 40 JACKSONVILLE FL 32277-2600			
7001 MERRILL RD SUITE 40 JACKSONVILLE FL 32277				
			3. Date Incorporated or Qualified	3a. Date of Last Report
			04/14/1992	04/22/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied

Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAW, RON 11415 MOTOR YACHT CIR S. 82 Street Address (P.O. Box Number is cceptable) JACKSONVILLE FL 32225 83 84 City 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. the typest or privide came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 13, DELETE Change ___ Addition MALE 11 THE NAME 1.2 NAME CR2E034 SHAW, SHERI 1.3 STREET AODRESS STREET LADORESS 7001-40 MERRILL RD. JACKSONVILLE FL 32211 1.4 CITY-ST-ZIP City-St DELETE Change ☐ Addition 2.1 TITLE TATLE 2.2 NAME NAME SEFEROS, JACQUELINE STREET ADDRESS 2.3 STREET ADDRESS 24202 N. 86TH ST. 2 4 CiTY-ST-ZIP CCY-ST 741 SCOTTSDALE AZ 85255 DELETE ☐ Change Addition 3.1 TITLE 1. [18 VSTD NAME 32 NAME SHAW, ROB 3.3 STREET ADDRESS STREET ACTION SO 7001-40 MERRILL RD. 34 CITY-ST-ZIP Crity-St JACKSONVILLE FL 32211 DELETE Change Addition THE 4.1 TITLE NAME 4 2 NAME SHAW, ROB STREET ACIDALISIS 4.3 STREET ADDRESS 7001-40 MERRILL RD. CITY: \$1-Zift JACKSONVILLE FL 32211 4.4 CITY - ST - ZIP DELETE Change Addition THLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 61 TIFLE ☐ Change Addition Titl: 6 62 NAME NAMI STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 or 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 congration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 CITY-ST-ZIP

CITY-ST-ZIF

FILED

Apr 22 1997 8:00am

Secretary of State

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58-2004076

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Not Applicable