

F18000004273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

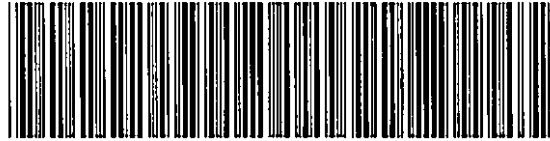
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000318232970

09/12/18--01021--010 **70.00

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18 SEP 12 PM 4:23

CLERK OF SUPERIOR COURT
HONOLULU, HAWAII

© SIMMONS
SEP 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

Thompson Thrift Development, Inc.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tami L. Robertson

Name of Person

Thompson Thrift Development, Inc.

Firm/Company

901 Wabash Avenue, Suite 300

Address

Terre Haute, IN 478074

City/State and Zip code

trobertson@thompsonthrift.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tami L. Robertson

812

242-1163

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Thompson Thrift Development, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ 3. _____
Indiana 35-1991518
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
September 3, 1996 perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. _____
901 Wabash Avenue, Suite 300, Terre Haute, IN 47807
(Principal office address)

- _____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
_____, Florida _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Holly Jones
Assistant Vice President

Holly Jones
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SEP 12 PM 4:23
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Paul M. Thrift
901 Wabash Avenue, Suite 300
Address: Terre Haute, IN 47807

Vice Chairman: John G. Thompson
901 Wabash Avenue, Suite 300
Address: Terre Haute, IN 47807

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

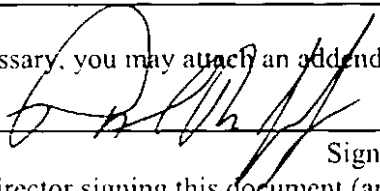
President: Paul M. Thrift
901 Wabash Avenue, Suite 300
Address: Terre Haute, IN 47807

Vice President: _____
Address: _____

Secretary: John G. Thompson
901 Wabash Avenue, Suite 300, Terre Haute, IN 47807
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Paul M. Thrift, President
(Typed or printed name and capacity of person signing application)

FILED
SEP 12 PM 4 23
IN DEPARTMENT OF STATE
TERRE HAUTE, INDIANA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

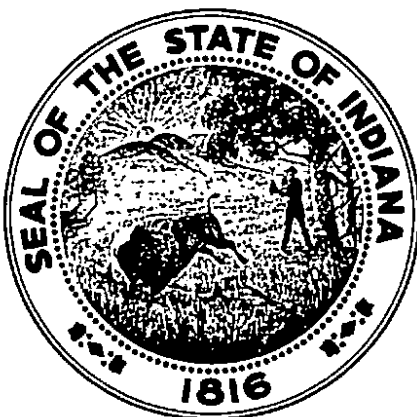
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

THOMPSON THRIFT DEVELOPMENT, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 03, 1996, and was in existence or authorized to transact business in the State of Indiana on August 01, 2018.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 01, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1996090137 / 2018685976

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on August 31, 2018.