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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

POCUMENT # F94000004411 (4)

Mailing Address

FREEDOM FINANCIAL CORPORATION OF INDIANA

1333 TEMPLE JOHNSON RD.

LOGANVILLE GA

STREET ADDRESS

STREET ADDRESS

CITY \$1.72

City 51 76 DILLE

NAV.

P.O. BOX 3027 P.O. BOX 3027 LOUISVILLE KY 40201 LOUISVILLE KY 40201-3027 3s. Date of Last Report 3. Date Incorporated or Qualified 08/24/1994 06/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 35-1634756 Not Applicable Suite, Apt. #, etc Suito, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Z_{iD} 8. This corporation has liability for intangible tax under s. 199.032. Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Brewton, Wilbur E 225 S. ADAMS STREET, STE 250 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 City 65 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. S:GNATUR granter type disciplinated name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. DELETE Change Addition In F 1.1 TITLE COLLETT, W B NAME 1.2 NAME CR2E034 7329 MARSH TERRACE STREET ADORESS 1.3 STREET ADDRESS PORT ST LUCIE FL 011 y - 51 - 2if 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition VSD Itte F COLLETT JR., W B NAME 22 NAME 7329 MARSH TERRACE 2.3 STREET ACCRESS STREET ADDRESS PORT ST LUCIE FL 2. 4 CITY-ST-ZIP DiTY - \$1 - 20 DELETE Change Addition HE 3.1 TITLE HENSLEY, TIMOTHY L NAME 32 NAME 714 DENHAM LANE \$18-ELADORESS 3 3 STREET ADDRESS **CHARLESTON IN** City-St ZIE 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE THILE HURD, ROBERT L 4. 2 NAME #7 PARTRIDGE RUN 4.3 STREET ADDRESS S. RELL ADDRESS WARREN NJ 4.4 CITY-ST-ZIP DELETE 5.1 TITLE THE COLLETT, HILDA M 52 NAME MANE

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 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 either 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. WITH IMOTHY L

53 STREET ADDRESS

6.9 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TOLE

6.2 NAME

DELETE

☐ Change

500002189665

-05/23/97--01049--036 ***165.00

Addition

FILED

May 13 1997 8:00am

Secretary of State