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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000004411 (4)

FREEDOM FINANCIAL CORPORATION OF INDIANA

Principal Place of Business	Mailing Address
P.O. BOX 3027 LOUISVILLE KY 40201	P.O. BOX 3027 LOUISVILLE KY 40201
2. Principal Place of Business	26 2669 Char 12570WN Ro
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State The state of the

FILED May 04 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
P.O. BOX 3027 P.O. BOX 3027						
LOUISVILLE K	(Y 40201	LOUISVILLE KY 40201		DO NOT WOLLD IN THIS	ODAOE	
ĺ				DO NOT WRITE IN THIS	SPACE	
				Date Incorporated or Qualified 08/24/1994		
A 00:	N	The Market Address		4. FEI Number	1 14 6 15	
	lace of Business	28. Mailing Address 26. 2669 Chark	amount Dd	1	Applied For	
21		26 0/669 Chark Suite, Apt. #, etc.	2310WD Na	35-1634756	Not Applicable	
Suite, Apt.	#, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22						
City & State	€	City & State 28 New Albar	W 71)	6. Election Campaign Financing	\$5.00 May Be	
23	Country	28 New ALDGI	Country	Trust Fund Contribution	Added to Fees	
Zip 24	⊢ ′	29 47150 30		8. This corporation owes or has paid the cu	irrent year Intangible ☐ Yes ☐ No	
[24]	2.5 Name and Address of Curren		LUYG	Personal Property Tax due June 30. 10. Name and Address of New Registered		
BREWTON, WILBUR E			S. Mario			
225 S. ADAMS STREET, STE 250			82 Street Address (P.O. Box Number is Not Acceptable)			
IAI	LLAHASSEE FL 32301		83			
			83			
			84 City		85 Zip Code	
				<u>Fi</u>	-	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes, of Ekvida, Such change was auth	the above-named corporation	oration submits this statement for the purpose on's heard of directors. I hereby accept the an	of changing its registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes.	on's board of directors. I hereby accept the ap	pominioni ao registeroa	
SIGNATURE						
	Signature, typed or printed name of registered agei		egistered Agent signature require			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	, •	☐ DELETE	1.1 TITLE		Change Addition	
NAME	COLLETT, W B		1.2 NAME			
STREET ADDRESS	7329 MARSH TERRACE		1.3 STREET ADDRESS			
CATY - ST - ZAP	PORT ST LUCIE FL		1.4 CITY - ST - ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	COLLETT JR., W B		2.2 NAME			
STREET ADDRESS	7329 MARSH TERRACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ST LUCIE FL		2. 4 CITY-ST-ZIP			
TITLE	VID	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME .	HENSLEY, TIMOTHY L		3.2 NAME			
STREET ADDRESS	714 DENHAM LANE		3.3 STREET ADDRESS		.,	
CITY-ST-ZIP	CHARLESTON IN		3.4. CITY-ST-ZIP			
TITLE	D	☐ DELETE	4.1 TETLE		☐ Change ☐ Addition	
NAME	HURD, ROBERT L		4. 2 NAME			
STREET ADDRESS	#7 PARTRIDGE RUN		4.3 STREET ADDRESS			
CITY-ST-ZIP	Warren nj		4.4 CITY-ST-ZIP		İ	
TITLE	V	DELETE	5.1 TITLE		Change Addition	
NAME	COLLETT, HILDA M		5.2 NAME		. –	
STREET ADDRESS	1333 TEMPLE JOHNSON RD.		5.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	LOGANVILLE GA		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
1			6.2 NAME		Fire-the Fit separate	
NAME					ļ	
STREET ADDRESS			6.3 STREET ADDRESS		ļ	

14. Thereby 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 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:

8.2-9457211