FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:36

DOCUMENT # L36958 (1)

1. Corporation Name

NATIONAL SAVERS OF INDIANAPOLIS, INC.

Principal Place of Business
~~16550 FOREST LAKE DR.~~
~~SUITE R~~
~~TAMPA FL 33624~~
~~US~~

Mailing Address
~~16550 FOREST LAKE DR.~~
~~SUITE R~~
~~TAMPA FL 33624~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8829 Boehning LANE	26 8829 Boehning LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Indianapolis IN	City & State 28 Indianapolis, IN
Zip 24 46219 / Country 25 MARION	Zip 29 46219 / Country 30 MARION

3. Date Incorporated or Qualified: 12/20/1989
3a. Date of Last Report: 07/22/1994
4. FEI Number: 59-3001140 ☐ 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. 199.0__, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~INTRASTATE REGISTERED AGENT CORPORATION~~
~~1916 HARDEN BLVD.~~
~~LAKELAND FL 33803~~

10. Name and Address of New Registered Agent

81 Name: Thomas Linthurst
82 Street Address (P.O. Box Number is Not Acceptable): 440 LIVE OAK Blvd
83
84 City: CASSElberry FL 85 Zip Code: 32707

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: Thomas R. Linthurst (NOTE: Registered Agent signature required when reinstating) DATE: 3/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	DORON, CARL	1 2 NAME	
STREET ADDRESS	16550 FOREST LAKE DRIVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1 4 CITY-ST-ZIP	
TITLE	VST	2 1 TITLE	☐ Change ☐ Addition
NAME	LINTHURST, THOMAS R.	2 2 NAME	
STREET ADDRESS	16550 FOREST LAKE DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
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 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)(n), 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: CARl H. Doron (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/6/95 (317)895-4605

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