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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAY -1 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L36958 (1)

1. Corporation Name
NATIONAL SAVERS OF INDIANAPOLIS, INC.

Principal Place of Business

8829 BOEHNING LANE
INDIANAPOLIS IN 46219
US

Mailing Address

NATIONAL SAVERS
387 MOSER LANE
MURRAY KY 42071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1989

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 8829 Boehning Lane

27 Suite, Apt. #, etc.

28 City & State

28 Indianapolis, IN

29 Zip Country

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINTHURST, THOMAS
440 LIVE OAK BLVD
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
Intrastate Registered Agent Corporation

82 Street Address (P.O. Box Number is Not Acceptable)
c/o Holland & Knight, LLP

83 701 Brickell Avenue, Suite 3000

84 City FL 85 Zip Code
Miami 33131-3209

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.

Vice President

SIGNATURE

Signature (Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-98

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DORON, CARL
STREET ADDRESS 16550 FOREST LAKE DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE VST
NAME LINTHURST, THOMAS R.
STREET ADDRESS 16550 FOREST LAKE DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Doron, Carl
1.3 STREET ADDRESS 387 Moser Lane
1.4 CITY-ST-ZIP Murray, KY 42071

2.1 TITLE VST ☒ Change ☐ Addition
2.2 NAME Linthurst, Thomas R.
2.3 STREET ADDRESS 8829 Boehning Lane
2.4 CITY-ST-ZIP Indianapolis, IN 46219

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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
officer or director of the corporation or the recorder or recorder 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: Thomas R. Linthurst Vice President 4/30/98 (27) 8829-4200

CR2E034 (10/97)