

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003971 (9)
 1. Corporation Name
GENERAL ACCEPTANCE CORPORATION



Principal Place of Business 5015 W. SR 46 BLOOMINGTON IN 47401	Mailing Address 5015 W. SR 46 BLOOMINGTON IN 47404-9647
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3. Date Incorporated or Qualified 08/25/1993	3a. Date of Last Report 03/12/1996
4. FEI Number 35-1739977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1025 ACUFF RD	2a. Mailing Address 26 1025 ACUFF RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Bloomington IN	City & State 28 Bloomington IN
Zip 24 47404	Country 25 USA
Country 29 USA	Zip 30 47404

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALGOOD, M.L.	
STREET ADDRESS	3810 EAST ST	
CITY-ST-ZIP	BLOOMINGTON IN 47404	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALGOOD, R. E	
STREET ADDRESS	2800 S. OLCOTT BLVD	
CITY-ST-ZIP	BLOOMINGTON IN 47401	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BOZARTH, MARTIN	
STREET ADDRESS	2800 S OLCOTT	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	9085 E. ST RD 334	
CITY-ST-ZIP	ZIONSVILLE IN 46077	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COREY, R. I	
STREET ADDRESS	3216 BRADSHIRE CT	
CITY-ST-ZIP	BLOOMINGTON IN 47401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEBBERSIBM E. L.	
STREET ADDRESS	6225 SUNSET LANE	
CITY-ST-ZIP	INDPLS IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R.L. HENDERSON	
1.3 STREET ADDRESS	2600 ONE TWO SQUARE	
1.4 CITY-ST-ZIP	INDPLS IN 46204	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WAZNE GARLAND	
2.3 STREET ADDRESS	4893 BRIARCLIFF DR	
2.4 CITY-ST-ZIP	BLOOMINGTON IN 47404	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL HARPER	
3.3 STREET ADDRESS	1032 AUTUMN WOODS DR	
3.4 CITY-ST-ZIP	WESTERVILLE OH 43081	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES LUNN	
4.3 STREET ADDRESS	4324 WALPOLE LN	
4.4 CITY-ST-ZIP	BLOOMINGTON IN 47408	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: _____ DATE: **4-7-97** **812-337-6000**

CR2E034 (9/96)