

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # S99336 (7)

1. Corporation Name
HMC FINANCE CORP.

| | |
|---|---|
| Principal Place of Business 3741 SO NOVA RD PT ORANGE FL 32119 US | Mailing Address 3741 SO NOVA RD PT ORANGE FL 32119 US |
|---|---|

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

FILED

95 FEB -7 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/09/1991 | 3a. Date of Last Report 01/13/1994 |
| 4. FEI Number 59-3095116 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 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 checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**J. DAVID WALSH
432 S. BEACH ST.
DAYTONA BEACH FL 32114**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HIGGINBOTHAM, DENNIS D | 1.2 NAME | |
| STREET ADDRESS | 451 N NOVA RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOPPEL, ROBERT E | 2.2 NAME | |
| STREET ADDRESS | 451 N NOVA RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HILL, LARRY E | 3.2 NAME | |
| STREET ADDRESS | 451 N NOVA RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAYTONA BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | ST | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POTTER, RAYMOND E | 4.2 NAME | |
| STREET ADDRESS | 451 N NOVA RD | 4.3 STREET ADDRESS | HIGGINBOTHAM, TRUDY |
| CITY-ST-ZIP | DAYTONA BEACH FL | 4.4 CITY-ST-ZIP | 451 N NOVA RD |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 in an attachment with an address.

SIGNATURE: *Robert E. Hopfel* DATE: **2/3/95** (909) 322-1020
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

ROBERT E. HOPPEL V.P.