

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

FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32119-4233, US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/09/1991	01/30/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-3095116	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
J. DAVID WALSH 432 S. BEACH ST. DAYTONA BEACH FL 32114				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
J. DAVID WALSH 432 S. BEACH ST. DAYTONA BEACH FL 32114				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 types or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, TRUDY		4.2 NAME		
STREET ADDRESS	451 N NOVA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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 as an attachment with an address.

SIGNATURE:  LARRY E. HILL V.P. 1-15-97 904-322-1020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)