

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F95000001730 (9)

1. Corporation Name

AUTOMOTIVE FLOORPLAN CORPORATION

Principal Place of Business

**1919 S. POST RD.
INDIANAPOLIS IN 46239-9429**

Mailing Address

**1919 S. POST RD.
INDIANAPOLIS IN 46239-9429**



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/10/1995 | 3a. Date of Last Report 03/19/1996 |
| 4. FEI Number 35-1699152 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

2. Principal Place of Business

21 310 East 96th Street

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Indianapolis, IN

Zip

24 46240

Country

25 USA

2a. Mailing Address

26 310 East 96th Street

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Indianapolis, IN

Zip

29 46240

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 **PD** ☒ DELETE

NAME **FULLER, JOHN E**
STREET ADDRESS **1919 S. POST RD.**
CITY-ST-ZIP **INDIANAPOLIS IN 46239-9429**

TITLE **VD** ☒ DELETE

NAME **HOCKETT, D. MICHAEL**
STREET ADDRESS **1919 S. POST RD.**
CITY-ST-ZIP **INDIANAPOLIS IN 46239-9429**

TITLE **S** ☒ DELETE

NAME **WILLIAMS, JERRY**
STREET ADDRESS **1919 S. POST RD.**
CITY-ST-ZIP **INDIANAPOLIS IN 46239-9429**

TITLE **TD** ☒ DELETE

NAME **WECHTER, LARRY S**
STREET ADDRESS **1919 S. POST RD.**
CITY-ST-ZIP **INDIANAPOLIS IN 46239-9429**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: *[Signature]* TITLE: **FILED** DATE: **7/22/97** ZIP: **317-915-0615**

FILED
Aug 11 1997 8:00am
Secretary of State

CR2E034 (4/97)

Directors and Officers of Automotive Floorplan Corporation

The names, business addresses and home addresses of the directors and officers of Automotive Floorplan Corporation are as follows:

Title
Name
Street Address
City-St-Zip

P/D
John Fuller
310 E. 96th Street, Suite 300
Indianapolis, IN 46240

D
Jim Hallett
310 E. 96th Street, Suite 400
Indianapolis, IN 46240

V/D
Jeffrey K. Harty
310 E. 96th Street, Suite 300
Indianapolis, IN 46240

V
Bradley A. Todd
310 E. 96th Street, Suite 300
Indianapolis, IN 46240

V
Brian Geitner
310 E. 96th Street, Suite 300
Indianapolis, IN 46240

S
Warren Byrd
310 E. 96th Street, Suite 300
Indianapolis, IN 46240

Asst. S
Roberta Goldberg
Two Parkwood Crossing
310 E. 96th Street, Suite 300
Indianapolis, IN 46240