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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



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

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

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	ALGOOD, M.L.	1.2 NAME	R.L. HANDERSON
STREET ADDRESS	3810 EAST ST	1.3 STREET ADDRESS	1600 ONE TWO SQUARE
CITY-ST-ZIP	BLOOMINGTON IN 47404	1.4 CITY-ST-ZIP	INDIAN IN 46204
TITLE	VP	2.1 TITLE	VP
NAME	ALGOOD, R. E	2.2 NAME	WAZNE GARLAND
STREET ADDRESS	2800 S. OLCOTT BLVD	2.3 STREET ADDRESS	4893 BRIARCLIFF DR
CITY-ST-ZIP	BLOOMINGTON IN 47401	2.4 CITY-ST-ZIP	BLOOMINGTON IN 47404
TITLE	CFO	3.1 TITLE	VP
NAME	BOZARTH, MARTIN	3.2 NAME	MICHAEL HARTER
STREET ADDRESS	2800 S OLCOTT	3.3 STREET ADDRESS	1032 AUTUMN WOODS DR
CITY-ST-ZIP	BLOOMINGTON IN	3.4 CITY-ST-ZIP	WESTERVILLE OH 43081
TITLE	D	4.1 TITLE	VP
NAME	DICK, ROLLIN M	4.2 NAME	JAMES KUMH
STREET ADDRESS	9085 E. ST RD 334	4.3 STREET ADDRESS	4324 WALPOLE LN
CITY-ST-ZIP	ZIONSVILLE IN 46077	4.4 CITY-ST-ZIP	BLOOMINGTON IN 47408
TITLE	S	5.1 TITLE	
NAME	COREY, R. I	5.2 NAME	
STREET ADDRESS	3216 BRADSHIRE CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IN 47401	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GEBBERSIBM E. L.	6.2 NAME	
STREET ADDRESS	6225 SUNSET LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN IN	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]

4-7-97

812-337-6000

CR2E034 (9/96)