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Apr 16 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 # J72937

(2)

1. Corporation Name:
MOTOR FINANCE COMPANY

Principal Place of Business

1805 COPELAND ST.
JACKSONVILLE FL 32204

Mailing Address

1805 COPELAND ST.
JACKSONVILLE FL 32204-4616



3. Date Incorporated or Qualified

05/11/1987

3a. Date of Last Report

04/23/1996

4. FEI Number

59-2879935

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LYNCH, WILLIAM B.
1805 COPELAND STREET
JACKSONVILLE FL 32204

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

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 to print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
LYNCH, WILLIAM B.
STREET ADDRESS
1805 COPELAND ST.
CITY- ST- ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
TD
RAMBACH, LARRY E. SR.
STREET ADDRESS
1805 COPELAND STREET.
CITY- ST- ZIP
JACKSONVILLE FL

TITLE ☒ DELETE

NAME
V
SHELTON, JAMES H
STREET ADDRESS
1805 COPELAND ST.
CITY- ST- ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
SD
LYNCH, ROBERT P.
STREET ADDRESS
1805 COPELAND ST
CITY- ST- ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
D
RISLEY, STEPHEN J
STREET ADDRESS
1805 COPELAND STREET
CITY- ST- ZIP
JACKSONVILLE FL

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

V
MALLY, MARTIN I.
1805 COPELAND ST.
JACKSONVILLE, FL

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: M. I. MALLY V.P. *[Signature]* V.P.

4-11-97

904-384-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)