

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:25

DOCUMENT # **V30262** (2)

1. Corporation Name  
**AMERICAN NATIONAL ACCEPTANCE CORP.**

Principal Place of Business <b>140 S. ATLANTIC AVE ORMOND BEACH FL 32176 US</b>	Mailing Address <b>3000 NORTH ATLANTIC AVE DAYTONA BEACH FL 32118</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/21/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
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2. Principal Place of Business 21 <b>1821 SECURITY FIRST BLVD.</b>	2a. Mailing Address 26 <b>P.O. BOX 9213</b>
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22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>DAYTONA BEACH FL</b>	28 City & State <b>DAYTONA BEACH FL</b>

24 Zip <b>32114</b>	25 Country	29 Zip <b>32114</b>	30 Country
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4. FEI Number <b>59-3191883</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**DIAL, NIDRAH A  
140 S. ATLANTIC AVENUE  
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1821 SECURITY FIRST BLVD.</b>
83	
84 City	<b>DAYTONA BEACH</b>
85 Zip Code	<b>FL 32114</b>

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: *Mrs. Nidrah Dial*

(NOTE: Registered Agent signature required when registering)

DATE: **3/7/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>DIAL, JAMES H.</b>
STREET ADDRESS	<b>3000 N. ATLANTIC AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>T</b>
NAME	<b>DIAL, JAMES H.</b>
STREET ADDRESS	<b>3000 N. ATLANTIC AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>
TITLE	<b>S</b>
NAME	<b>DIAL, NIDRAH A</b>
STREET ADDRESS	<b>3000 N. ATLANTIC AVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1821 SECURITY FIRST BLVD.</b>
1.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1821 SECURITY FIRST BLVD.</b>
2.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>1821 SECURITY FIRST BLVD.</b>
3.4 CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Mrs. Nidrah Dial*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/7/95** FILE NO: **904-274-3300**