

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000022182 (6)

1. Corporation Name

VOLVO SPECIALISTS TOO INC.



Principal Place of Business

5808 DOONESBURY WAY
TALLAHASSEE FL 32303

Mailing Address

5808 DOONESBURY WAY
TALLAHASSEE FL 32303

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 g. Name and Address of Current Registered Agent

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

BUCHANAN, PATTI
5808 DOONESBURY WAY
TALLAHASSEE FL 32303

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FEI Number

59-3302317

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

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 607.0602 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Charles E. Buchanan	
STREET ADDRESS	5808 Doonesbury Way	
CITY - ST - ZIP	Tall. Fl. 32303	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Charles E. Buchanan	
STREET ADDRESS	5808 Doonesbury Way	
CITY - ST - ZIP	Tall. Fla. 32303	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director, Treasury, Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charles E. Buchanan	
1.3 STREET ADDRESS	5808 Doonesbury way	
1.4 CITY - ST - ZIP	Tall. Fla. 32303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		

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5-1-96
JR

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 119.07(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 13 or Block 13.1 unchanged, or on an attachment with an address.

SIGNATURE: Charles E. Buchanan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

567-5145

CR2E034 (12/95)