

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068545 (1)

1. Corporation Name

BUCHANAN AUTO SALES, INC.

Principal Place of Business

1730 SW COLLEGE RD
OCALA FL 34474
US

Mailing Address

1800 SW COLLEGE RD
OCALA FL 34474
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

05/01/1994

4. FBI Number

59-3230928

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRABAU, ROBERT E. SR.
1800 SW COLLEGE ROAD
OCALA FL 34474

81

Name

BRIAN D. REICKS

82

Street Address (P.O. Box Number is Not Acceptable)

5891 PECAN RD

83

84

City

OCALA

FL

85

Zip Code

34474

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

BRIAN D. REICKS SEC/TREAS

(NOTE: Registered Agent signature required when resigning)

DATE

4/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BUCHANAN, VERNON G
STREET ADDRESS 18201 SONSOLES DE AVILA
CITY - ST - ZIP TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TS
NAME GRABAU, ROBERT E SR
STREET ADDRESS 1800 SW COLLEGE AVE
CITY - ST - ZIP OCALA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

SEC/TREAS ST
BRIAN D. REICKS
5891 PECAN RD
OCALA, FL 34472-6246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

BRIAN D. REICKS

4/24/95 (90) 867-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR