

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V19471 (4)**  
1. Corporation Name  
**AL'S VOLVO, INC.**



Principal Place of Business: **5114 STEPP AVE JACKSONVILLE FL 32216**  
Mailing Address: **5114 STEPP AVE JACKSONVILLE FL 32216**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>04/01/1992</b>	3a. Date of Last Report <b>06/20/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3109893</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CLEMENTS, AL 5114 STEPP AVE JACKSONVILLE FL 32216</b>	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CLEMENTS, AL 359 W. 70TH ST. JACKSONVILLE FL	<input type="checkbox"/> DELETE	1. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV CLEMENTS, CATHERINE MARY 359 W. 70TH ST. JACKSONVILLE FL	<input type="checkbox"/> DELETE	2. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2. 2 NAME
CITY-ST-ZIP			2. 3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	2. 4 CITY-ST-ZIP
NAME			3. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3. 2 NAME
CITY-ST-ZIP			3. 3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	3. 4 CITY-ST-ZIP
NAME			4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4. 2 NAME
CITY-ST-ZIP			4. 3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	4. 4 CITY-ST-ZIP
NAME			5. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5. 2 NAME
CITY-ST-ZIP			5. 3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5. 4 CITY-ST-ZIP
NAME			6. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6. 2 NAME
CITY-ST-ZIP			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 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: *Mary Catherine Clements* 376-54 901-448-6886  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)