

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:50

DOCUMENT # **403182** (9)

1. Corporation Name

SELECTIVE BOOKS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

**1624 KEYSTONE COURT
BOX 1140
CLEARWATER, L 34617**

Mailing Address

**1624 KEYSTONE COURT
BOX 1140
CLEARWATER, L 34617**

3. Date Incorporated or Qualified
06/12/1972

3a. Date of Last Report
04/11/1994

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

4. FEl Number

59-1548985

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

9. Name and Address of Current Registered Agent

**CUSACK, LEE
1624 KEYSTONE COURT
CLEARWATER FL 34616**

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 607.0502 and 607.1506, 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

Lee Cusack
Signature, typed or printed name of registered agent and file if applicable

Lee Cusack
(If FEl Registered Agent's signature required when re-registering)

3/25/95
DATE

12. OFFICERS AND DIRECTORS

TITLE **S**
NAME **CUSACK, LEE**
STREET ADDRESS **1624 KEYSTONE COURT**
CITY- ST- ZIP **CLEARWATER, FL 0**

TITLE **TPD**
NAME **CUSACK, LEE**
STREET ADDRESS **1624 KEYSTONE COURT**
CITY- ST- ZIP **CLEARWATER, FL 0**

TITLE **S**
NAME **CUSACK, LEE**
STREET ADDRESS **1624 KEYSTONE COURT**
CITY- ST- ZIP **CLEARWATER FL**

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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:

Lee Cusack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/95
Date

813
447-0100
Telephone Number