

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # 500683 (8)

1. Corporation Name

BILL'S BOOKSTORE, INC.



Principal Place of Business

107S COPELAND ST
TALLAHASSEE FL 32304

Mailing Address

107S COPELAND ST
TALLAHASSEE FL 32304

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

3. Date Incorporated or Qualified

04/07/1976

3a. Date of Last Report

02/01/1995

4. FEI Number

59-1692701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

MCNEILL, MALCOLM C., III
107 SOUTH COPELAND STREET
TALLAHASSEE FL 32304-4398

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 607.1508, 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 typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
PD
MCNEILL III, M. C.
2762 THORNTON RD
TALLAHASSEE FL

11.2 TITLE ☐ DELETE

NAME
VC
SCHUESSLER, DAVID K.
3752 TOM JOHN LANE
TALLAHASSEE FL

11.3 TITLE ☐ DELETE

NAME
ST
MCNEILL, JOYCE S.
2762 THORNTON RD
TALLAHASSEE FL

11.4 TITLE ☐ DELETE

NAME
D
SCHUESSLER, REBBECA C.
3752 TOM JOHN LANE
TALLAHASSEE FL

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE ☐ Change ☐ Addition

11.2 NAME ☐ Change ☐ Addition

11.3 STREET ADDRESS ☐ Change ☐ Addition

11.4 CITY, ST, ZIP ☐ Change ☐ Addition

11.5 TITLE ☐ Change ☐ Addition

11.6 NAME ☐ Change ☐ Addition

11.7 STREET ADDRESS ☐ Change ☐ Addition

11.8 CITY, ST, ZIP ☐ Change ☐ Addition

11.9 TITLE ☐ Change ☐ Addition

11.10 NAME ☐ Change ☐ Addition

11.11 STREET ADDRESS ☐ Change ☐ Addition

11.12 CITY, ST, ZIP ☐ Change ☐ Addition

11.13 TITLE ☐ Change ☐ Addition

11.14 NAME ☐ Change ☐ Addition

11.15 STREET ADDRESS ☐ Change ☐ Addition

11.16 CITY, ST, ZIP ☐ Change ☐ Addition

11.17 TITLE ☐ Change ☐ Addition

11.18 NAME ☐ Change ☐ Addition

11.19 STREET ADDRESS ☐ Change ☐ Addition

11.20 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 904-224-3178

Date

Daytime Phone #

CR2E034 (12/95)