

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # F01000003222

**1. Entity Name
T.I.S. COLLEGE BOOKSTORE - GAINESVILLE, INC.**



**Principal Place of Business
5005 NORTH OLD STATE ROAD 37
BLOOMINGTON, IN 47402**

**Mailing Address
P.O. BOX 669
BLOOMINGTON, IN 47402-0669**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
31-1776934**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUMINSKI, PAMELA
1227 W. UNIVERSITY AVENUE
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE: Pamela D Suminski Pamela D Suminski 2-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME TICHENOR, RAYMOND H
STREET ADDRESS P.O. BOX 0669
CITY-ST-ZIP BLOOMINGTON, IN 474020669**

**TITLE CPD
NAME TICHENOR, TIMOTHY L
STREET ADDRESS P.O. BOX 0669
CITY-ST-ZIP BLOOMINGTON, IN 474020669**

**TITLE CVD
NAME TICHENOR, JONOTHON E
STREET ADDRESS P.O. BOX 0669
CITY-ST-ZIP BLOOMINGTON, IN 474020669**

**TITLE DS
NAME THEILE, ELIZABETH W
STREET ADDRESS P.O. BOX 0669
CITY-ST-ZIP BLOOMINGTON, IN 474020669**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

1100000041593
02/09/04-80094-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy L. Tichenor Timothy L. Tichenor 1-6-2004 812-332-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #