

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 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**



01042005 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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TICHENOR, RAYMOND H P.O. BOX 0669 BLOOMINGTON, IN 474020669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD TICHENOR, TIMOTHY L P.O. BOX 0669 BLOOMINGTON, IN 474020669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVTD TICHENOR, JONOTHON E P.O. BOX 0669 BLOOMINGTON, IN 474020669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THEILE, ELIZABETH W P.O. BOX 0669 BLOOMINGTON, IN 474020669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000413884
04/18/05-80146-021 150.00

**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)(f), 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

3-16-05