## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5) BOOK GALLERY WEST, INC. Principal Place of Business Mailing Address 4121 N.W. 16TH BLVD 4121 N.W. 16TH BLVD. 4121 N.W. 16TH BLVD. GAINESVILLE FL 32605 GAINESVILLE FL 32605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2265024 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country Z'n 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent STEIN, SARA LANDIS 4121 NW 16TH BLVD Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605** 83 84 Zip Code 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1 1 7171 6 Addition Change LANDIS-STEIN, SARA NAME 1.2 NAME 4121 N.W. 16TH BLVD. STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TOTLE 2.1 TITLE Change Addition STEIN, BART J. NAME 2.2 NAME 4121 NW 16TH BLVD. STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP Change TITLE ☐ DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 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 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 truetee 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, myon an attachment with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

SIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

Addition

CR2E034