

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 4:28

DOCUMENT # G43576 (9)

1. Corporation Name
UNIVERSITY BOOK & SUPPLY, INCORPORATED

Principal Place of Business Mailing Address
**1227 W. UNIVERSITY AVENUE
GAINESVILLE FL 32601** **1227 W. UNIVERSITY AVENUE
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
06/14/1983 **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2283327		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
72702-3330		USA		72702-3330		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NATIONS, DONALD 1227 W. UNIVERSITY AVENUE GAINESVILLE FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
(Signature: typed or printed name of registered agent and the filer's application) *(NOTE: Registered Agent signature required when re-registering)*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, ANDREW J.	1.2 NAME	
STREET ADDRESS	614 W.SYCAMORE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE AR	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, STERLING	2.2 NAME	
STREET ADDRESS	614 WEST SYCAMORE	2.3 STREET ADDRESS	
CITY - ST - ZIP	614 W.SYCAMORE	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, WHITNEY	3.2 NAME	
STREET ADDRESS	653 W. DICKSON	3.3 STREET ADDRESS	
CITY - ST - ZIP	614 W.SYCAMORE	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, KAY Z.	4.2 NAME	
STREET ADDRESS	614 WEST SYCAMORE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FAYETTEVILLE AR	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATIONS, DONALD	5.2 NAME	
STREET ADDRESS	1227 W. UNIVERSITY AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 or Block 14, or as an attachment with an address.

SIGNATURE: *(Signature: typed or printed name of signing officer or director)* **Sterling Anders** **3-28-95** **501-443 9205**
Date Registered Agent's