

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

DOCUMENT # **G43576 (9)**
1. Corporation Name
UNIVERSITY BOOK & SUPPLY, INCORPORATED



Principal Place of Business: **1227 W. UNIVERSITY AVENUE GAINESVILLE FL 32601**
Mailing Address: **P. O. BOX 3330 FAYETTEVILLE AR 72702-3330 US**

3. Date Incorporated or Qualified: **06/14/1983**
3a. Date of Last Report: **04/03/1995**
4. FET Number: **59-2293327**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **28** Country: **29**
Country: **30**

9. Name and Address of Current Registered Agent
**NATIONS, DONALD
1227 W. UNIVERSITY AVENUE
GAINESVILLE FL**

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: _____ DATE: _____
Signature typed or printed in block of registered agent: _____ DATE: _____
Signature typed or printed in block of new registered agent: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	GIBSON, ANDREW J.	
STREET ADDRESS	614 W.SYCAMORE	
CITY-ST-ZIP	FAYETTEVILLE AR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDERS, STERLING	
STREET ADDRESS	614 WEST SYCAMORE	
CITY-ST-ZIP	614 W.SYCAMORE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORGAN, WHITNEY	
STREET ADDRESS	653 W. DICKSON	
CITY-ST-ZIP	614 W.SYCAMORE	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ANDERS, KAY Z.	
STREET ADDRESS	614 WEST SYCAMORE	
CITY-ST-ZIP	FAYETTEVILLE AR	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NATIONS, DONALD	
STREET ADDRESS	1227 W. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 as an attachment with an address.

SIGNATURE: *[Signature]* **Sterling Anders**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
501-443-9205
Date: _____

CR2E034 (12/95)