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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 06/10/1996
4. FEI Number 59-2293327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 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 on an attachment with an address).

SIGNATURE: *[Signature]* 3-14-97 501-521-9763
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)