

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 1936 North Shiloh 22 City & State Fayetteville, AR. 23 Zip 72704 Country Washington		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/14/1983	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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				85 Zip Code 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 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] Pres.

4-1-98

501-
443-9205

CR2E034 (10/97)