

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90182 017 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G66425**

1. Corporation Name  
**VINEYARD BOOK STORE, INC.**

Principal Place of Business

4295 TAMiami TRAIL  
 NAPLES FL 34103  
 US

Mailing Address

% ROBERT M. BUCKEL  
 4501 TAMiami TRAIL NORTH. STE. 400  
 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1983

2. Principal Place of Business

21 6624 Trail Blvd.

Suite, Apt. #, etc.

22

City & State  
 23 Naples, FL

Zip

24 34108

Country

25 USA

2a. Mailing Address

26 c/o Robert M. Buckel

Suite, Apt. #, etc. Suite 300

27 5801 Pelican Bay Blvd.

City & State

28 Naples, FL

Zip

29 34108-2709

Country

30 USA

4. FEI Number

59-2335106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes  No

9. Name and Address of Current Registered Agent

BUCKEL, ROBERT M.  
 4501 TAMiami TRAIL N.  
 STE. 400  
 NAPLES FL

10. Name and Address of New Registered Agent

81 Name (same)  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 5801 Pelican Bay Blvd.  
 83 Suite 300  
 84 City Naples, FL 85 Zip Code 34108-2709

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

*Robert M. Buckel*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUNDY, LEON M.	
STREET ADDRESS	6624 TRAIL BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNDY, JO ANN S.	
STREET ADDRESS	6624 TRAIL BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Naples, FL 34108	
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 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, with all other like empowered.

SIGNATURE:

*Leon M. Bundy*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

Telephone