

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

**APPROVED
AND
FILED**

95 MAY -1 PM 4:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
|---|---|---|
| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # L57877 (7)

1. Corporation Name
IVES BOOK SHOP, INC.

| | |
|---|---|
| Principal Place of Business 1 MONA R. IVES EDISON MALL #70 FT. MYERS FL 33901 | Mailing Address 4125 CLEVELAND AVE. EDISON MALL #70 FORT MEYERS FL 33901 US |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/16/1990 | 3a. Date of Last Report 01/21/1994 |
| 4. FEI Number 65-0212498 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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. Subrs, Apt #, etc. | 26. Subrs, Apt #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |

9. Name and Address of Current Registered Agent

**IVES, MONA R.
EDISON MALL #70
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| B1. Name | B5. Zip Code |
| B2. Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3. | |
| B4. City | |

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) DATE _____ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | D | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IVES, MONA R. | 12. NAME | 600001487916 |
| STREET ADDRESS | EDISON MALL #70 | 13. STREET ADDRESS | -05/16/95--01005--007 |
| CITY ST ZIP | FT. MYERS FL | 14. CITY ST ZIP | ****200.00 ****200.00 |
| TITLE | | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY ST ZIP | | 24. CITY ST ZIP | |
| TITLE | | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY ST ZIP | | 34. CITY ST ZIP | |
| TITLE | | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY ST ZIP | | 44. CITY ST ZIP | |
| TITLE | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY ST ZIP | | 54. CITY ST ZIP | |
| TITLE | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY ST ZIP | | 64. 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)(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 if changed, or in an attachment with an address.

SIGNATURE: *Mona R. Ives* **105-10-95** **813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed) **1936-4525**
RW