

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011395 (0)

1. Corporation Name

BOOKSHELF PUBLICATIONS, INC.



Principal Place of Business

Mailing Address

2110 CLEVELAND AVENUE
FORT MYERS FL 33901

2110 CLEVELAND AVENUE
FORT MYERS FL 33901

3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 6315 PRESIDENTIAL CT

26 6315 PRESIDENTIAL CT

4. FEI Number

65-0406978

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E

27 E

5. Certificate of Status Desired:

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 FT MYERS FL

28 FT MYERS FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33919

25 LEE

29 33919

30 LEE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVY, KIM
2110 CLEVELAND AVENUE
FT. MYERS FL 33901

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(If None Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOLT, WILLIAM K
STREET ADDRESS 2110 CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE STD
NAME BOLT, NANCY
STREET ADDRESS 2110 CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96

DATE

941-437-2611

Daytime Phone #

CR2E034 (3/96)