

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000013895 (7)

1. Corporation Name

THE STUDENT DEPOT, INC.



Principal Place of Business

130 SW 39 STREET
CAPE CORAL FL 33914

Mailing Address

P.O. BOX 151138
CAPE CORAL FL 33915

3. Date Incorporated or Qualified

12/18/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1431-C SE 10 ST

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

CAPE CORAL, FL

24 Zip Country

29 Zip Country

33990

30

4. FEI Number

65-0389728

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

EMLER, CLAUDE R
130 SW 39 STREET
CAPE CORAL FL 33914

81 Name

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

331 SE 47 ST

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

CLAUDE R. EMLER

15 JAN 96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME EMLER, CLAUDE R
STREET ADDRESS 130 SW 39 STREET
CITY - ST - ZIP CAPE CORAL FL 33914

TITLE D ☐ DELETE

NAME EMLER, PATRICIA L
STREET ADDRESS 130 SW 39 STREET
CITY - ST - ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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CITY - ST - ZIP

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

SIGNATURE: Pres. 15 JAN 96 941)945-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)