

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 6:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012096 (2)

1. Corporation Name

B.S.W. AFRICAN-AMERICAN BOOKSTORE, INC.

Principal Place of Business

**CRESTVIEW PLAZA
856 N. COCOA BLVD. SUITE 1107
COCOA FL 32922**

Mailing Address

**CRESTVIEW PLAZA
856 N. COCOA BLVD. SUITE 1107
COCOA FL 32922**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/11/1993

3a. Date of Last Report

04/19/1994

4. FEI Number

59-3162448

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WILCOX-BYRD, SHARON
856 N. COCOA BLVD.
SUITE 1107
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WILCOX-BYRD, SHARON**
STREET ADDRESS **879 SPIREA DRIVE**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE **D**
NAME **WILCOX, LULA M**
STREET ADDRESS **812 SOUTH WILSON AVENUE**
CITY - ST - ZIP **COCOA FL 32922**

TITLE **D**
NAME **SANDERS, JACKIE**
STREET ADDRESS **1212 ROLLING MEADOWS DRIVE**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE **D**
NAME **WOODARD, LAVERNE W**
STREET ADDRESS **943 S. VARR AVENUE**
CITY - ST - ZIP **ROCKLEDGE FL 32955**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Wilcox-Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Wilcox-Byrd
DATE

4/11/95 C 4071633-6404
DATE