

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 # P95000009411 (6)

1. Corporation Name

J & K BOOKS OF FLORIDA, INC.



Principal Place of Business

**2855 COLONIAL BLVD.
SUITE 101
FORT MYERS FL 33912**

Mailing Address

**2855 COLONIAL BLVD.
SUITE 101
FORT MYERS FL 33912**

3. Date Incorporated or Qualified
02/03/1995

3a. Date of Last Report

NEW

2. Principal Place of Business

2a. Mailing Address

21 **15579 US Hwy 19 N**

26 **SAME**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **Unit 328**

28 City & State

24 **Clearwater FL**

29 Zip

25 **34624**

30 Country

26 **Pinellas**

27 Country

9. Name and Address of Current Registered Agent

4. FEI Number

65-0551682

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

10. Name and Address of New Registered Agent

**POWELL, WILLIAM M
2002 DEL PRADO BLVD.
SUITE 105
CAPE CORAL FL 33990**

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

(NOTE: Registered Agent signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **STEWART, JOHN R**
STREET ADDRESS **% 2855 COLONIAL BLVD., STE. 101**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **DVS** ☐ DELETE
NAME **STEWART, KATHY**
STREET ADDRESS **% 2855 COLONIAL BLVD., STE. 101**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **John R Stewart**
1.3 STREET ADDRESS **15579 US Hwy 19 N. Suite 328**
1.4 CITY-ST-ZIP **Clearwater FL 34624**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Kathy L Stewart**
2.3 STREET ADDRESS **15579 US Hwy 19 N. Suite 328**
2.4 CITY-ST-ZIP **Clearwater FL 34624**

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96
Date

813 536 3707
Daytime Phone #

CR2E034 (12/95)