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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P9700096059 (5)

WALLACE'S BOOK STORE (GAINESVILLE), INC.

FILED May 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1227 W UNIVERSITY AVE 1227 W UNIVERSITY AVE GAINESVILLE FL 32601 GAINESVILLE FL 32601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1997 2. Principal Place of Business 2s. Mailing Address Applied For 59-3458638 P.O. BOX 11518 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Attn: Bill Hainsworth Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Lexington 23 Trust Fund Contribution Added to Fees Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible 40576 usA Personal Property Tax due June 30. □ No 24 25 29 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BOLZ, NAN B 5 HARVARD CIRCLE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33409** 83 84 City 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. Thereby accept the appointment as registered agent. Lam 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 (NOTE: Registered Agent signature required when re-instating) DATE (10/9**7** OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE Jennelle III, Clisby M NAME CR2E034 1.2 NAME 926 Nondino Blud STREET ADDRESS 1.3 STREET ADDRESS Lexington KY 40511 CITY-ST-ZW 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Hainsworth Jr., William L. NAME 2.2 NAME 928 Nandino Blud STREET ADDRESS 2.3 STREET ADDRESS Lexington, KY 40511 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ■ Addition 3.1 T(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 it made under eath; that I am an officer or director of the corporation or the receiver or fursities, employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with any address.

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