

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **717796** (7)
1. Corporation Name
THEATRE JACKSONVILLE, INC.



Principal Place of Business: **2032 SAN MARCO BLVD JACKSONVILLE FL 32207**
Mailing Address: **2032 SAN MARCO BLVD JACKSONVILLE FL 32207**

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 12/23/1969	3a. Date of Last Report 07/10/1995
4. FEI Number 59-0718493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, H.K. "BUD" 5061 PIRATES COVE RD. JACKSONVILLE FL 32210				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	300001771893 -04/08/96--01025--006		
				84	City	***81.25	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when name change)

12. OFFICERS AND DIRECTORS				13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	11 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LYONS, TIM		12 NAME	John Moss			
STREET ADDRESS	12062 EVANS BLUFF CT.		13 STREET ADDRESS	509 Sunset Drive			
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082			
TITLE	VD	<input type="checkbox"/> DELETE	21 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CORNELIUS, JACQUELYN		22 NAME	Jacquelyn Cornelius			
STREET ADDRESS	4103 CEDAR RD		23 STREET ADDRESS	4103 Cedar Rd.			
CITY-ST-ZIP	ORANGE PARK FL		24 CITY-ST-ZIP	Orange Park, FL 32065			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	31 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TREMONTI, LAWRENCE		32 NAME	Robert White			
STREET ADDRESS	3727 CATHEDRAL OAKS PLACE NORTH		33 STREET ADDRESS	1278 Talbot Ave.			
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	Jacksonville, FL 32205	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
TITLE	M	<input type="checkbox"/> DELETE	41 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WHITE, ROBERT A		42 NAME	Dotty McIntyre			
STREET ADDRESS	1244 LONDON AVE, 2		43 STREET ADDRESS	3924 DuPont Circle			
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	Jacksonville, FL 32205			
TITLE	P	<input type="checkbox"/> DELETE	51 TITLE	PTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENISCH, BARBARA		52 NAME	Barbara Benisch			
STREET ADDRESS	390 GARDEN LANE		53 STREET ADDRESS	390 Garden Lane			
CITY-ST-ZIP	ATLANTIC BEACH FL		54 CITY-ST-ZIP	Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE	61 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, JACQUELYN		62 NAME	Jacquelyn Allen			
STREET ADDRESS	12465 IVY WOODS CT.		63 STREET ADDRESS	12465 Ivy Woods Ct.			
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP	Jacksonville, FL			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor under section 617.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert A White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

PM 4-6-96