


FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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| Principal Place of Business 2032 SAN MARCO BLVD JACKSONVILLE FL 32207 | Mailing Address 2032 SAN MARCO BLVD JACKSONVILLE FL 32207-3214 |
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|--------------------------------|---------------------|---------------------|----|---|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 12/23/1969 | | 3a. Date of Last Report 04/06/1996 | |
| 21 | Suite, Apt. #, etc. | | | 4. FEI Number 59-0718493 | | Applied For Not Applicable | |
| 22 | City & State | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | City & State | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Zip | Country | 25 | Zip | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent SMITH, H.K. "BUD" 5061 PIRATES COVE RD. JACKSONVILLE FL 32210 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | | 4223 Venetia Boulevard | | | |
| 84 City | | | | 85 State | | 86 Zip Code | |
| Jacksonville, | | | | FL | | 32210 | |

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, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **David Hemphill, Director** *David Hemphill* DATE: **4-17-97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSS, JOHN | 1.2 NAME | |
| STREET ADDRESS | 509 SUNSET DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | P CORNELIUS, JACQUELYN | 2.2 NAME | Hurley, Sue |
| STREET ADDRESS | 4103 CEDAR RD | 2.3 STREET ADDRESS | 7600 Timberwood Drive |
| CITY-ST-ZIP | ORANGE PARK FL 32065 | 2.4 CITY-ST-ZIP | Jacksonville, FL 32256 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D WHITE, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 1278 TALBOT AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | M WHITE, ROBERT A | 4.2 NAME | White, Robert A. |
| STREET ADDRESS | 1244 LONDON AVE, 2 | 4.3 STREET ADDRESS | 1278 Talbot Avenue |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | Jacksonville, FL 32205 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PTD BENISCH, BARBARA | 5.2 NAME | Cornelius, Jacquelyn |
| STREET ADDRESS | 390 GARDEN LANE | 5.3 STREET ADDRESS | 4103 Cedar Road |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | 5.4 CITY-ST-ZIP | Orange Park, FL 32065 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | D ALLEN, JACQUELYN | 6.2 NAME | Rogers, Karl |
| STREET ADDRESS | 12465 IVY WOODS CT. | 6.3 STREET ADDRESS | 3849 Valencia Road |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 CITY-ST-ZIP | Jacksonville, FL 32205 |

14. I do 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 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 Arleigh White** EXPIRES **4-17-97** (904) 396-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0004798

CR2E037 (9/96)