

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
12/23/1969

4. FEI Number 59-0718493	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HEMPHILL, DAVID M
 4223 VENTIA BLVD.
 JACKSONVILLE FL 32210**

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 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 David Hemphill
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOSS, JOHN	
STREET ADDRESS	509 SUNSET DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HURLEY, SUE	
STREET ADDRESS	7800 TIMBERWOOD DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT	
STREET ADDRESS	1278 TALBOT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT A	
STREET ADDRESS	1278 TALBOT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	BENISCH, BARBARA	
STREET ADDRESS	390 GARDEN LANE	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, JACQUELYN	
STREET ADDRESS	12485 IVY WOODS CT.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rogers, Karl	
1.3 STREET ADDRESS	3849 Valencia Rd.	
1.4 CITY-ST-ZIP	Jacksonville FL 32205	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Swenson, Skip	
2.3 STREET ADDRESS	7925 Merrill Rd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32277	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Deborah Knauer	
5.3 STREET ADDRESS	4323 McCirts Blvd.	
5.4 CITY-ST-ZIP	Jacksonville, FL 32210	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lisa Braren	
6.3 STREET ADDRESS	1861 Ingleside Ave	
6.4 CITY-ST-ZIP	Jacksonville FL 32205	

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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE **4-14-98** **396-4425**

CRE037 (10/97)