

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 AM 9:08

DOCUMENT # **728238** (7)  
1. Corporation Name  
**FLORIDA STUDIO THEATRE, INC.**

Principal Place of Business Mailing Address  
**1241 N PALM AVE SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/14/1974** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **23-7362760** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD., SUITE 1**  
**SARASOTA FL 34236**

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 **N/A**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ROBINSON, R K</b>
STREET ADDRESS	<b>689 EAGLE WATCH LANE</b>
CITY-ST-ZIP	<b>OSPREY FL</b>
TITLE	<b>SD</b>
NAME	<b>SMITH, FRANK FOLSOM</b>
STREET ADDRESS	<b>330 S. PINEAPPLE</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>
TITLE	<b>DVP</b>
NAME	<b>BURDICK, RICHARD</b>
STREET ADDRESS	<b>6800 SHETLAND WAY</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b>
NAME	<b>VAN ANTWERP, TED</b>
STREET ADDRESS	<b>888 BLV OF THE ARTS</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>PD</b>
NAME	<b>MCGILICUDDY, DENNIS</b>
STREET ADDRESS	<b>5111 OCEAN BLVD</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>VPD</b>
NAME	<b>HOPKINS, RICHARD</b>
STREET ADDRESS	<b>1241 N PALM AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Tom Hayes</b>
1.3 STREET ADDRESS	<b>1812 Manatee Avenue</b>
1.4 CITY-ST-ZIP	<b>Bradenton, FL 34205</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kate Alexander</b>
2.3 STREET ADDRESS	<b>1650 Pine Tree Lane #104</b>
2.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Jennifer Saslaw</b>
3.3 STREET ADDRESS	<b>1003 West May Drive</b>
3.4 CITY-ST-ZIP	<b>Sarasota, FL 34236</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X** **Richard Hopkins** **3/15/95** **013-366-9017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #