

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03 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 # N20431 (5)

1. Corporation Name

THE CASE THEATRE INC.

Principal Place of Business

Mailing Address

9713 CARBONDALE DR. E. (32208)
P.O. BOX 40201
JACKSONVILLE FL 32203-0201
US

9713 CARBONDALE DR. E. (32208)
P.O. BOX 40201
JACKSONVILLE FL 32203-0201
US

3. Date Incorporated or Qualified

05/01/1987

4. FEI Number

59-2846588

Applied For

Not Applicable

2. Principal Place of Business

21 2152 Palm Crest DR

2a. Mailing Address

26 2152 Palm Crest DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Apopka, FL

City & State

28 Apopka FL

Zip

Country

24 32712-2441 25 USA

Zip

Country

29 32712-2441 30 USA

9. Name and Address of Current Registered Agent

HALL, EDIE
9713 CARBONDALE DR. E.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2152 Palm Crest DR

83

84 City

Apopka

FL

85 Zip Code

32712

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 Edie Hall
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

98/08/22

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	HALL, VALERIE A.	
STREET ADDRESS	9713 CARBONDALE DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	VD	☒ DELETE
NAME	FAIR, RICHARD	
STREET ADDRESS	8090 ATLANTIC BLVD., F30	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	TD	☐ DELETE
NAME	HALL, EDIE	
STREET ADDRESS	9713 E. CARBONDALE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	2152 Palm Crest DR
1.4 CITY-ST-ZIP	Apopka, FL 32712-2441

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	2152 Palm Crest DR
3.4 CITY-ST-ZIP	Apopka, FL 32712-2441

4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	John M. Arthur
4.4 CITY-ST-ZIP	408 Village View Lane Longwood, FL 32779-2610

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: Valerie A. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

98/08/22

CR2E037 (5/98)