

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53436

Entity Name: THEATRE MANAGEMENT, INC.**Current Principal Place of Business:**939 HOLLYWOOD BLVD.
DELTONA, FL 32725**Current Mailing Address:**P.O. BOX 2076
DELAND, FL 32721 US**FEI Number: 59-2756431****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIERNACKI, RAYMOND AJR.
2667 ENTERPRISE RD.
ORANGE CITY, FL 32763 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DEMARSH, WILLIAM F
Address	P.O. BOX 2076
City-State-Zip:	DELAND FL 32721

Title	VP
Name	DEMARSH, CHESTER C
Address	P.O. BOX 2076
City-State-Zip:	DELAND FL 32721

Title	VP
Name	HYZER, DAVID
Address	P.O. BOX 100
City-State-Zip:	BAD AXE MI 48413

Title	T
Name	LAWRENCE, EDITH D
Address	P.O. BOX 2076
City-State-Zip:	DELAND FL 32721

Title	S
Name	LAWRENCE, EDITH D
Address	P.O. BOX 2076
City-State-Zip:	DELAND FL 32721

Title	ASST. SECRETARY
Name	JANKS, LINDA
Address	PO BOX 100
City-State-Zip:	BAD AXE MI 48413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDITH D. LAWRENCE**SEC****02/28/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date