

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **168557** (7)
1. Corporation Name
PALMETTO DRIVE IN THEATRE INC

Principal Place of Business
**3408 US 41 N
PALMETTO FL 34221**

Mailing Address
**3408 US 41 N
PALMETTO FL 34221**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 328 40th Ct. W.		01/01/1952	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Palmetto Fl.		59-0686492	
24 Country		29 34221		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JONES, ROY D 3408 US 41 N PALMETTO FL 34221				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHINNOCK, KATHALEEN D	1.2 NAME	(Deceased)
STREET ADDRESS	507 54TH NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KATHLEEN	2.2 NAME	
STREET ADDRESS	3408 US 41 N	2.3 STREET ADDRESS	328 40th Ct. W.
CITY-ST-ZIP	PALMETTO, FL 00000	2.4 CITY-ST-ZIP	Palmetto, Fl 34221
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROY D	3.2 NAME	
STREET ADDRESS	3408 US 41 N	3.3 STREET ADDRESS	328 40th Ct. W.
CITY-ST-ZIP	PALMETTO, FL 00000	3.4 CITY-ST-ZIP	Palmetto Fl. 34221
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen D Jones

1/19/98 941-722-3740

CR2E034 (10/97)