FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 209652 (7)

1. Corporation Name
KENT THEATRES, INC.

Principal Place of Business	Mailing Address
2870 UNIVERSITY BLVD W. STE 103 P O BOX 10066 JACKSONVILLE FL 32217-2105	2870 UNIVERSITY BLVD W. STE 103 P O BOX 10066 JACKSONVILLE FL 32217-2105

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 02/06/1958
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-0822157 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KENT, J CLEVELAND
2870 UNIVERSITY BLVD W. STE 103
JACKSONVILLE FL 32217

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 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 _____ DATE
Signature, typed or printed name of registered agent (if not an officer) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE		☒ Change ☐ Addition
NAME	LOCKWOOD, NORMA K	12 NAME		
STREET ADDRESS	4844 ARAPAHOE AVE	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	32210	
TITLE	CD	21 TITLE		☒ Change ☐ Addition
NAME	KENT, FRED H	22 NAME		
STREET ADDRESS	2970 ST. JOHNS AVE	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	32205	
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	KENT, NORMA F	32 NAME		
STREET ADDRESS	2970 ST JOHNS AVE	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	32205	
TITLE	PD	41 TITLE		☒ Change ☐ Addition
NAME	KENT, J CLEVELAND	42 NAME		
STREET ADDRESS	4604 ARLON LANE	43 STREET ADDRESS	2870 UNIVERSITY BLVD WEST, SUITE 103	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	51 TITLE		☒ Change ☐ Addition
NAME	KENT, JOHN B	52 NAME		
STREET ADDRESS	4948 MORVEN RD	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	54 CITY-ST-ZIP	32210	
TITLE	V	61 TITLE	V	☐ Change ☒ Addition
NAME	ROBERT M. FULFORD	62 NAME	ROBERT M. FULFORD	
STREET ADDRESS	2870 UNIVERSITY BLVD WEST, STE 103	63 STREET ADDRESS	2870 UNIVERSITY BLVD WEST, SUITE 103	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	64 CITY-ST-ZIP	JACKSONVILLE FL 32217	

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John B. Kent JOHN B. KENT VICE PRESIDENT 3/2/95 904-358-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010026 CP