

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

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **209652** (7)

1. Corporation Name  
**KENT THEATRES, INC.**

Principal Place of Business  
**2870 UNIVERSITY BLVD W. STE 103  
P O BOX 10086  
JACKSONVILLE FL 32217-2105**

Mailing Address  
**2870 UNIVERSITY BLVD W. STE 103  
P O BOX 10086  
JACKSONVILLE FL 32217-2105**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/06/1958</b>		3a. Date of Last Report <b>03/12/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-0822157</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KENT, J CLEVELAND 2870 UNIVERSITY BLVD W. STE 103 JACKSONVILLE FL 32217</b>				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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	TDV	<input type="checkbox"/> DELETE	11. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, NORMA F		22. NAME		
STREET ADDRESS	2870 ST JOHNS AVE		23. STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 00000		24. CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, J CLEVELAND		32. NAME		
STREET ADDRESS	2870 UNIV BLVD WEST STE 103		33. STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 00000		34. CITY- ST- ZIP		
TITLE	JD	<input type="checkbox"/> DELETE	41. TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, JOHN B		42. NAME		
STREET ADDRESS	4948 MORVEN RD		43. STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 00000		44. CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULFORD, ROBERT M.		52. NAME		
STREET ADDRESS	2870 UNIV BLVD WEST SUITE 103		53. STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL		54. CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY- ST- ZIP			64. CITY- ST- ZIP		

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

SIGNATURE:

*Norma K Lockwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date

(904) 731-9616

Daytime Phone #

0038218

CR2E034 (9/96)