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 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 337754 (6)

1. Corporate Name
OCALA DRIVE-IN THEATRES, INC.

Principal Place of Business	Mailing Address
4850 S PINE AVENUE OCALA FL 34480 US	4850 S PINE AVENUE OCALA FL 34480 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1968
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1224258 ☐ 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

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 24 County 25	Zip 29 County 30

9. Name and Address of Current Registered Agent

WILLIAMS, LOU
4850 S PINE AVENUE
OCALA FL 34480

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: Lou Williams, President — Lou Williams — 4/30/95
(If changing Registered Agent, Registered Agent must sign above) (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LOU	12 NAME	
STREET ADDRESS	4850 S PINE AVE	13 STREET ADDRESS	
CITY ST ZIP	OCALA, FL 00000	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	TOMLINSON, BRAD	22 NAME	
STREET ADDRESS	4850 S PINE AVE	23 STREET ADDRESS	
CITY ST ZIP	OCALA, FL 00000	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	TOMLINSON, GEORGE	32 NAME	
STREET ADDRESS	4850 S PINE AVE	33 STREET ADDRESS	
CITY ST ZIP	OCALA, FL 00000	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: Lou Williams — Lou Williams — 4-30-95 — 904 629 1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0353011 CP