

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000001011 (5)

1. Corporation Name:

COBB THEATRES II, INC.

Principal Place of Business

824 MONTCLAIR ROAD  
BIRMINGHAM AL 35213

Mailing Address

824 MONTCLAIR ROAD  
BIRMINGHAM AL 35213

FILED

98 MAY 22 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

63-1111323

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

23 7132 Commercial Park Dr  
Suite, Apt. #, etc.

22 City & State

23 Knoxville TN  
Zip Country

24 37918

25 Knox

2a. Mailing Address

26 7132 Commercial Park Dr  
Suite, Apt. #, etc.

27 City & State

28 Knoxville TN  
Zip Country

29 37918

30 Knox

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100002537021-3

-05/27/98--01085--020

83

\*\*\*\*\*26.25 \*\*\*\*\*8.75

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 607.0506, 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 DP  
NAME COBB, ROBERT M  
STREET ADDRESS 824 MONTCLAIR ROAD  
CITY-ST-ZIP BIRMINGHAM AL 35213 ☒ DELETE

TITLE DVS  
NAME COBB, JEFFERSON R  
STREET ADDRESS 824 MONTCLAIR ROAD  
CITY-ST-ZIP BIRMINGHAM AL 35213 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Michael L. Campbell  
1.3 STREET ADDRESS 7132 Commercial Park Drive  
1.4 CITY-ST-ZIP Knoxville TN 37918 ☐ Change ☒ Addition

2.1 TITLE V/S  
2.2 NAME Lewis Frazer III  
2.3 STREET ADDRESS 7132 Commercial Park Drive  
2.4 CITY-ST-ZIP Knoxville TN 37918 ☐ Change ☒ Addition

3.1 TITLE V  
3.2 NAME Susan Seagraves  
3.3 STREET ADDRESS 7132 Commercial Park Drive  
3.4 CITY-ST-ZIP Knoxville TN 37918 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

Susan Seagraves

5/19/98

423-925-9436

CR2E034 (10/97)