FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # G44259 (1)

1. Corporation Name
DRIVE-IN MOVIES VIDEO STORE, INC.

Principal Place of Business	Mailing Address
3854 KILLEARN CT., STE. A TALLAHASSEE FL 32308-3428	3854 KILLEARN CT., STE. A TALLAHASSEE FL 32308-3428

3. Date Incorporated or Qualified: **06/17/1983**
3a. Date of Last Report: **08/09/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2327230** ☐ 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**

ROBERTS, THOMAS F.
3854 KILLEARN CT., STE. A
TALLAHASSEE FL 32308

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 ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	ROBERTS, THOMAS F.	
STREET ADDRESS	3854 KILLEARN CT. #A	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DVP	☐ DELETE
NAME	ROBERTS, SCOUT	
STREET ADDRESS	215 TIMBERLANE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	DS	☐ DELETE
NAME	BEAVER, MICHAEL	
STREET ADDRESS	2503F OLD BAINBRIDGE RD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	MONROE, GAIL	
STREET ADDRESS	2188 TIMBERWOOD CIRCLE N	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☑ DELETE
NAME	ONDRUS, CHERI	
STREET ADDRESS	3421 WELWYN WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ DELETE
NAME	PRESGROVE, CHARLES	
STREET ADDRESS	3225 STORYTONE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	700001908897	☐ Change ☐ Addition
4.2 NAME	-07/30/96--01157--034	
4.3 STREET ADDRESS	***225.00	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☑ Change ☐ Addition
5.2 NAME	Kathy Yao	
5.3 STREET ADDRESS	1640 Eagles Landing Blv	
5.4 CITY-ST-ZIP	Tallahassee Fla 32308	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Thomas F. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 26 96
Date

893-7061
Daytime Phone #

CR2E034 (12/95)