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Apr 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
3854 KILLEARN CT., STE. A  
TALLAHASSEE FL 32308-3428

Mailing Address  
3854 KILLEARN CT., STE. A  
TALLAHASSEE FL 32308-3428



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
06/17/1983

3a. Date of Last Report  
07/30/1996

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

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME ROBERTS, THOMAS F.  
STREET ADDRESS 3854 KILLEARN CT. #A  
CITY-STATE-ZIP TALLAHASSEE FL

TITLE DVP ☐ DELETE  
NAME ROBERTS, SCOUT  
STREET ADDRESS 215 TIMBERLANE RD  
CITY-STATE-ZIP TALLAHASSEE FL

TITLE DS ☐ DELETE  
NAME BEAVER, MICHAEL  
STREET ADDRESS 2503F OLD BAINBRIDGE RD  
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☒ DELETE  
NAME MONROE, GAIL  
STREET ADDRESS 2188 TIMBERWOOD CIRCLE N  
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☒ DELETE  
NAME YAO, KATHY  
STREET ADDRESS 1640 EAGLES LANDING BLVD  
CITY-STATE-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE  
NAME PRESGROVE, CHARLES  
STREET ADDRESS 3225 STORYTONE  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Rebecca Orndorff  
Rebecca Orndorff  
1424 Fisher Lane  
Tallahassee, FL 32301  
Bethany Bennett  
2829 Ross Common Dr  
Tallahassee, FL 32308

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:

Thomas F. Roberts

4797

904-893-7666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0048128

CR2E034 (9/96)