

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 AUG -8 AM 3:45

DOCUMENT # P19545 (3)

1. Corporation Name
LITCHFIELD THEATRES, LTD., INCORPORATED

Principal Place of Business Mailing Address
HIGHWAY 17, LITCHFIELD BEACH P.O. BOX 2189 PAWLEY ISLAND SC 29585 **HIGHWAY 17, LITCHFIELD BEACH P.O. BOX 2189 PAWLEY ISLAND SC 29585**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/06/1988		3a. Date of Last Report 04/28/1994	
2. Principal Place of Business 21 7132 Commercial Park Drive Suite, Apt. #, etc.		2a. Mailing Address 26 7132 Commercial Park Drive Suite, Apt. #, etc.	
22 Knoxville TN City & State		27 Knoxville Tn 37918 City & State	
23 37918 Zip	25 Country	28 37918 Zip	30 Country
4. FEI Number 57-0864484		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> X		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under a Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
B1 Name			
B2 Street Address (P.O. Box Number is Not Acceptable)			
B3			
B4 City		FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DOUGLAS D	12 NAME	CAMPBELL, MICHAEL L
STREET ADDRESS	HWY 17, LITCHFIELD BEACH	13 STREET ADDRESS	5301 OAK GLADE LANE
CITY - ST - ZIP	PAWLEYS ISLAND SC	14 CITY - ST - ZIP	KNOXVILLE TN 37918
TITLE	V	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EADDY, ULMER S	22 NAME	MELTON R. NEAL
STREET ADDRESS	HWY 17, LITCHFIELD BEACH	23 STREET ADDRESS	10612 EAST EMORY RD
CITY - ST - ZIP	PAWLEY ISLAND SC	24 CITY - ST - ZIP	LUTTRELL TN 37779
TITLE	ST	31 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELLI, JOHN N	32 NAME	FRAZER LEWIS
STREET ADDRESS	HWY 17, LITCHFIELD BCH	33 STREET ADDRESS	12129 BROOKSTONE DRIVE
CITY - ST - ZIP	PAWLEY ISLAND SC	34 CITY - ST - ZIP	KNOXVILLE TN 37922
TITLE	P	41 TITLE	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLSON, STEPHEN L	42 NAME	SUSAN SEAGRAVES
STREET ADDRESS	HWY 17, LITCHFIELD BEACH	43 STREET ADDRESS	5313 ENDICOTT RIDGE LANE
CITY - ST - ZIP	PAWLEYS ISLAND SC	44 CITY - ST - ZIP	KNOXVILLE TN 37918
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, E. CRAIG	52 NAME	
STREET ADDRESS	P.O. BOX 630 N/A	53 STREET ADDRESS	
CITY - ST - ZIP	CONWAY SC	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, G. DAVID	62 NAME	
STREET ADDRESS	3200 POTTERY DRIVE	63 STREET ADDRESS	
CITY - ST - ZIP	MYRTLE BEACH SC	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 110.07(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: Susan Seagraves **SUSAN SEAGRAVES** 8/3/95 6159221123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type if new)

CR2E034 (3/95)