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 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000010269 (8)**

1. Corporation Name
NEW RIVER CINEMA, INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 350 TALLEVAST FL 34270 US	PO BOX 350 TALLEVAST FL 34270 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8301 31st St. Ct. E.
22: Suite, Apt. #, etc.
23: Sarasota, FL
24: 34243
25: U.S.A.

2a. Mailing Address
26: PO Box 1203
27: Suite, Apt. #, etc.
28: Tallevast FL
29: 34270
30: Manatee

4. FEI Number: ~~APPLIED FOR~~ 65-0488203 ☐ 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

SKINNER, JEANNIE
8301 31ST STREET COURT EAST
SARASOTA FL 34243

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D MAILING ADDRESS ☒ Change ☐ Addition
NAME	SKINNER, JEANNIE	12 NAME	[redacted] SKINNER, JEANNIE
STREET ADDRESS	P O BOX 350	13 STREET ADDRESS	P.O. BOX 1203 N/A
CITY-ST-ZIP	TALLAVAST FL 34270	14 CITY-ST-ZIP	TALLEVAST, FL 34270
TITLE	D	21 TITLE	K STREET ADDRESS - JEANNIE SKINNER ☐ Change ☐ Addition
NAME	NYE, GREG	22 NAME	
STREET ADDRESS	4040 GALT OCEAN DR #215	23 STREET ADDRESS	8301 31ST ST. CT. E.
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	SARASOTA, FL 34243
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	DP 7/19 ☐ Change ☐ Addition
NAME		52 NAME	REVOKED BY JULY 1
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)(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: [signature] 4/26/95 (813) 351-2210
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number

FP