

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90260 019 \*\*\*150.00

UPRODCT

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F95000004317**

1. Corporation Name  
**EASTWYNN THEATRES, INC.**



Principal Place of Business: P.O. BOX 391, COLUMBUS GA 31902-0391  
 Mailing Address: P.O. BOX 391, COLUMBUS GA 31902-0391

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/05/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>58-2184195</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent:  
**C T CORPORATION SYSTEM**  
**1200 S. 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)
83	
84	City
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICK, MICHAEL W</b>	1.2 NAME	
STREET ADDRESS	<b>1301 FIRST AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARWICK III, JOHN O</b>	2.2 NAME	
STREET ADDRESS	<b>1301 FIRST AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, LARRY M</b>	3.2 NAME	
STREET ADDRESS	<b>1301 FIRST AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, LARRY M</b>	4.2 NAME	
STREET ADDRESS	<b>1301 FIRST AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, LAMAR</b>	5.2 NAME	
STREET ADDRESS	<b>1301 FIRST AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAN NOY, FRED</b>	6.2 NAME	
STREET ADDRESS	<b>1301 FIRST AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS GA</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **LARRY ADAMS, SR** 3-3-99 706-576-3400  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)