

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

FILED

Apr 28 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 # F95000005651 (3)

1. Corporation Name

FILM TRANSIT, INCORPORATED



Principal Place of Business

3931 HOMEWOOD RD.
MEMPHIS TN 38118

Mailing Address

3931 HOMEWOOD RD.
MEMPHIS TN 38118-6180

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 11 Greenway Plaza

Suite, Apt. #, etc.

22 Suite 250

City & State

23 Houston, Texas

Zip

24 77046

Country

25 U.S.A.

2a. Mailing Address

26 11 Greenway Plaza

Suite, Apt. #, etc.

27 Suite 250

City & State

28 Houston, Texas

Zip

29 77046

Country

30 U.S.A.

4. FEI Number

62-0200670

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, G L JR	
STREET ADDRESS	3931 HOMEWOOD RD.	
CITY - ST - ZIP	MEMPHIS TN 38118	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, M S	
STREET ADDRESS	3931 HOMEWOOD RD.	
CITY - ST - ZIP	MEMPHIS TN 38118	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MASHBURN, R W	
STREET ADDRESS	3931 HOMEWOOD RD.	
CITY - ST - ZIP	MEMPHIS TN 38118	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, G L SR	
STREET ADDRESS	3931 HOMEWOOD RD.	
CITY - ST - ZIP	MEMPHIS TN 38118	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, G L MRS	
STREET ADDRESS	3931 HOMEWOOD RD.	
CITY - ST - ZIP	MEMPHIS TN 38118	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gary W. Grant	
1.3 STREET ADDRESS	11 Greenway Plaza, Suite 250	
1.4 CITY - ST - ZIP	Houston, TX 77046	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. David England, Jr.	
2.3 STREET ADDRESS	1080 Holcomb Bridge Rd., Ste. 140, Bldg.	
2.4 CITY - ST - ZIP	Roswell, GA 30076	200
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shon C. Ramey	
3.3 STREET ADDRESS	11 Greenway Plaza, Suite 250	
3.4 CITY - ST - ZIP	Houston, TX 77046	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James H. Haddox	
4.3 STREET ADDRESS	11 Greenway Plaza, Suite 250	
4.4 CITY - ST - ZIP	Houston, TX 77046	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gary W. Grant	
5.3 STREET ADDRESS	11 Greenway Plaza, Suite 250	
5.4 CITY - ST - ZIP	Houston, TX 77046	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Shon C. Ramey

Shon C. Ramey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97

Date

713 8675070

Daytime Phone

CR2E034 (9/96)