

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 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S74146 (9)

1. Corporation Name

FLAGSHIP FILMS, INC.

Principal Place of Business

**200 HARRISON AVE
PANAMA CITY FL 32401**

Mailing Address

**200 HARRISON AVE
PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/15/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3077457** 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 666**

City & State

23 Zip Country

City & State

28 **Panama City FL**

Zip Country

29 **32402**

30

9. Name and Address of Current Registered Agent

**CAMPBELL, TIMOTHY C
200 HARRISON AVE
PANAMA CITY FL 32401**

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 role if applicable

(NOTE: Registered Agent Signature required when restate(s))

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVS**
NAME **CAMPBELL, TIMOTHY C**
STREET ADDRESS **200 HARRISON AVE**
CITY ST ZIP **PANAMA CITY FL**

TITLE **T**
NAME **CAMPBELL, TIMOTHY C**
STREET ADDRESS **200 HARRISON AVE**
CITY ST ZIP **PANAMA CITY FL**

TITLE
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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☐ Change ☒ Addition
1.2 NAME **Campbell, Deborah**
1.3 STREET ADDRESS **200 Harrison Ave**
1.4 CITY ST ZIP **Panama City FL 32401**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(a), 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:

Deborah Campbell

Deborah Campbell

4-29-95

904.263-3472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #