

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P12748** (0)
1. Corporation Name
DIGICON/GFS INC.



Principal Place of Business: **235 EXCELL DRIVE PEARL MS 39208**
Mailing Address: **P.O. BOX 98159 JACKSON MS 39298-8159**

3. Date Incorporated or Qualified: **12/31/1986**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **64-0737426**
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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 in parentheses

(NOTE: Registered Agent's signature is required when not in person)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	ECKERT, JAMES C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	235 EXCELL DR	1.2 NAME	
STREET ADDRESS	PEARL MS	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE: DP	LUDLOW, STEPHEN J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3701 KIRBY DR.	2.2 NAME	
STREET ADDRESS	HOUSTON TX	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE: VD	MCAIRY, RICHARD W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3701 KIRBY DR.	3.2 NAME	
STREET ADDRESS	HOUSTON TX	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE: VTS	POGACH, ALLAN C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3701 KIRBY DR.	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE: V	ACKERMAN, CHARLES H.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3701 KIRBY DR	5.2 NAME	
STREET ADDRESS	HOUSTON TX	5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE: V	MANN, WHITNEY C.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3701 KIRBY AVE.	6.2 NAME	
STREET ADDRESS	HOUSTON TX	6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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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: *Whitney C. Mann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (713) 630-4309
DATE CITY AND PHONE NUMBER

CR2E034 (12/95)