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 # **F93000004439 (6)**

1. Corporation Name
DBS OF ALABAMA, INC.

Principal Place of Business	Mailing Address
11201 DANKA CIRCLE NORTH CORP. TAX ST. PETERSBURG FL 33716	11201 DANKA CIRCLE NORTH CORP. TAX ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified: **10/01/1993**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

4. FEI Number: **63-0355127** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 or 617.1502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	DOYLE, DANIEL M		12 NAME
STREET ADDRESS	11201 DANKA CIRCLE NORTH		13 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33716		14 CITY-ST-ZIP
TITLE	VD	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	SNELL, DAVID C		22 NAME
STREET ADDRESS	11201 DANKA CIRCLE NORTH		23 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33716		24 CITY-ST-ZIP
TITLE	SD	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	TAYLOR, DEBRA A		32 NAME
STREET ADDRESS	11201 DANKA CIRCLE NORTH		33 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33716		34 CITY-ST-ZIP
TITLE	TD	☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM T		42 NAME
STREET ADDRESS	11201 DANKA CIRCLE NORTH		43 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33716		44 CITY-ST-ZIP
TITLE	AS	☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME	THORN, W. THOMPSON III		52 NAME
STREET ADDRESS	11201 DANKA CIRCLE NORTH		53 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL 33716		54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemptions 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 with an indication for an address change or with an effective date.

SIGNATURE: William T. Freeman — WILLIAM T. FREEMAN — TREASURER — (813) 576-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #