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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F96000002281 (1)

DANKA HOLDING COMPANY

Mailing Address

Principal Place of Business

FILED Apr 29 1997 8:00am Secretary of State



11201 DANKA CIRCLE NORTH ST. PETERSBURG FL 33716		11201 DANKA CIRCLE NORTH ST. PETERSBURG FL 39716-3712						
					3. Date Incorporated or Qualified 05/07/1996	3a. Date of L.	ast Report	
2. Principal f	Piace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26 11201 Danka	.Circle	Ν.	13-2973328		Not Applicable	
Suite, Apt. #, etc. 27 Tax Sec. 28 Suite, Apt. #, etc.			dmen	<u>t</u>	5. Certificate of Status Desired	1 1 , , ,	75 Additional se Required	
City & Sta		28 St. Peters	burc	FL		Ad Ad	.00 May Be ded to Fees	
2φ 24]	Country 25	20 33716a	30 Counto	S.	8. This corporation has liability for Florida Statutes	Yes 🔲 No	der s. 199.032,	
	g. Name and Address of Curren	t Registered Agent		T 3	10. Name and Address of New R	eglatered Agent	······································	
	CORPORATION SYSTEM		61	Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street .	Address (P.O. Box Number is Not Accepta	ess (P.O. Box Number is Not Acceptable)		
			83					
			84	' "		FLI	Zip Code	
office or agent. I a SIGNATURE	t to the provisions of Sections 607,0502 registered agent, or both, in the State am familiar with, and accept the obliga	? and 607.1508, Florida Statuti of Florida. Such change was a thons of, Section 607.0505, Flo	es, the abov authorized b orida Statute	e-named y the corp s.	corporation submits this statement for the poration's board of directors. I hereby acceptation's	purpose of chang pt the appointme	ing its registered nt as registered	
	Signature, typed or printed name of registered ager			ent signature	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TIME	CDP	☐ DELETE	1.1 TITLE		AT	L Ch	ange 💢 Addition	
NAME	DOYLE, DANIEL M		1.2 NAME		Gary M. McGrath 11201 Banka Circle N.			
STREET ADDRESS			7		112017Sanka Circle N.			
CITY-ST-ZIF	ST. PETERSBURG FL 33716		1.4 DITY - 5	ST-ZIP	St. Petersburg FL 33			
THILE	DV DATED O	☐ DELETE	21 TITLE			LJ UN	ange []] Addition	
NAME	SNELL, DAVID C		22 NAME					
STHEET AUDRESS				ADDRESS	·			
CITY - S1 - ZIP	ST. PETERSBURG FL 33716	LIPPETE	2.4 CITY-	ST-ZIP			T I Addition	
TITLE	DS DERDA A	☐ DELETE	3.1 TITLE			☐ Ch	ange Addition	
NAME	TAYLOR, DEBRA A		3.2 NAME					
STREET ADDRESS				ADDRESS				
CHY-S1-7IP	ST. PETERSBURG FL 33716	Florerr	3.4. CITY-	ST-ZIP			anno I salakini	
TITLE	COECHAN WILLIAM T	☐ DELETE	4.1 TITLE			L. Chi	ange L Addition	
NAME	FREEMAN, WILLIAM T 11201 DANKA CIRCLE NORTH		4. 2 NAME		· ·			
STREET ADDRESS	ST. PETERSBURG FL 33716			ADDRESS				
CITY-ST-ZIP	V	DELETE	4.4 CITY-	SI - ZIP		Ch	ange Addition	
TITLE	NATALE, PAUL M	M DECE 16	5.1 TITLE			L UII	enika FT vanuum	
NAME	THE PARTY OF THE PARTY	•	5.2 NAME	1000				
STREET ADDRESS	ST. PETERSBURG FL 33716		1	ADDRESS				
CHY-SI-ZiF		DELETE	5.4 C(TY+)	ST-ZIP		Ch	ange Additio	
TITLE	AS THOMPSON	LI DELETE	61 TITLE			U	mige LJ ADONIO	
NAME	THORN, W. THOMPSON	3000	6.2 NAME		}			
STHEFF ADDRESS		COVV		ADDRESS				
CITY - ST - ZIP	TAMPA FL 33602		6.4 CITY-	ST-ZIP				

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 of 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 on 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 changes, of on an attachment with an address.

SIGNATURE:

win mcGrath