

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000057736 (9)**

1. Corporation Name
MARGSON, INC.



Principal Place of Business
**11201 DANKA CIRCLE NORTH
ST PETERSBURG FL 33716**

Mailing Address
**11201 DANKA CIRCLE NORTH
ST PETERSBURG FL 33716**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

g. Name and Address of Current Registered Agent

**POWERS, JILL F
877 EXECUTIVE CENTER DR. WEST
SUITE 303
ST. PETERSBURG FL 33702**

3. Date Incorporated or Qualified **08/17/1993**
3a. Date of Last Report **01/19/1995**
4. FEI Number **59-3197123**
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. 193.032, Florida Statutes Yes No

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 607.0102 and 607.1806, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0106, Florida Statutes.

SIGNATURE

Signature of registered agent or director

Signature of person authorized to register

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME	P DOYLE, DANIEL M	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	11201 DANKA CIR N	
12.3 CITY-STATE-ZIP	ST PETERSBURG FL	
12.4 NAME	V SNELL, DAVID	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	11201 DANKA CIR N	
12.6 CITY-STATE-ZIP	ST PETERSBURG FL	
12.7 NAME		<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
12.9 CITY-STATE-ZIP		
12.10 NAME		<input type="checkbox"/> DELETE
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied was true and voluntary, 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. 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 (change) or on an attachment with an address.

SIGNATURE: *D.M. Doyle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96
DATE

CR2E034 (12/95)