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 # **P94000023853 (2)**

1. Corporation Name

DANKA MANAGEMENT COMPANY, INC.

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

3. Date Incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-3231899** ☐ 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

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

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 and 607.1916, 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: _____ DATE: _____

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		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		24 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, WILLIAM T		32 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		34 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DEBRA A		42 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			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	

14. I do hereby certify that the information supplied with this filing is true, complete, and accurate; is executed in accordance with Section 607.0120, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William T. Freeman WILLIAM T. FREEMAN 4-12-96 (813) 576 6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)