

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATE
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1122-1

FILED

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

1. Name and Mailing Address of Corporation **DOCUMENT # 558331 (5)**

TOTAL DISTRIBUTION SYSTEMS INC.
1111 IMESON PARK BLVD
JACKSONVILLE, FL 32218-4907

ZIP + 4 PRESORT

DO NOT WRITE IN THIS SPACE

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified
To Do Business in Florida

01/27/1978

4. FEI Number

59-1797190

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required
for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
1. S/T/D	DUNCAN, BRIAN R	301 TILLSON AVE.	TILLSONBURG, CAN 00000
2. D	OUTERSON, DAVE	1111 IMESON PARK BLVD	JACKSONVILLE, FL 00000
3. P/D	LOGAN, THOMAS	301 TILLSON AVE	TILLSONBURG, CAN
4.			
5.			
6.			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

WEINSTEIN, IRVIN M
1300 GULF LIFE DRIVE
JACKSONVILLE, FL
32207

81. Name

82. Street Address 1 (Do NOT Use P.O. Box Numbers)

83. Street Address 2 (Do NOT Use P.O. Box Numbers)

84. City

FL

32207

9. 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 principal 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 conditions of Section 607.0505, Florida Statutes.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

10. I 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 further certify 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 6 or in an attachment with an address.

SIGNATURE *X Dave Outerson*

DATE _____

Typed Name of Signing Officer or Director

Title

Telephone Number (Outside)

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status