

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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 224774 (0)  
1. Corporation Name  
TOTAL SUPPLY SYSTEMS, INC.



Principal Place of Business 118 WEST ADAMS ST 8TH FLOOR JACKSONVILLE FL 32201 US	Mailing Address P.O. BOX 836 8TH FLOOR JACKSONVILLE FL 32201 US
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9009 Southampton Ct. Suite, Apt. #, etc. 22 City & State 23 Ponte Vedra, FL 24 Zip 32082 25 Country St. John		2a. Mailing Address 26 9009 Southampton Ct. Suite, Apt. #, etc. 27 City & State 28 Ponte Vedra, FL 29 Zip 32082 30 Country St. John		3. Date Incorporated or Qualified 06/12/1959	4. FEI Number 59-0874720	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent RALPH, SIDNEY C/O TOTAL SUPPLY SYSTEMS 118 WEST ADAMS ST JACKSONVILLE FL 32201		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9009 Southampton Ct. 83 84 City Ponte Vedra FL 85 Zip Code 32082	
--	--	--	--

11. 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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH, SIDNEY	1.2 NAME	
STREET ADDRESS	118 W ADAMS ST	1.3 STREET ADDRESS	9009 Southampton Ct.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNETT, SHEILA	2.2 NAME	
STREET ADDRESS	118 W ADAMS ST	2.3 STREET ADDRESS	9009 Southampton Ct.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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 if changed, or on an attachment with an address.

SIGNATURE:  3/9/98 704 285 3836

CR2E034 (10/97)