FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:15

DOCUMENT # **558331** **(5)**

1. Corporation Name
TOTAL DISTRIBUTION SYSTEMS INC.

Principal Place of Business	Mailing Address
1111 IMESON PARK BLVD JACKSONVILLE FL 32218	1111 IMESON PARK BLVD JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1978**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **59-1797190** ☐ 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

9. Name and Address of Current Registered Agent

WEINSTEIN, IRVIN M
1300 GULF LIFE DRIVE
JACKSOVILLE FL 32207

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STV	11 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, BRIAN R	12 NAME	
STREET ADDRESS	301 TILLSON AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	TILLSONBURG, CAN 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	OUTERSON, DAVE	22 NAME	
STREET ADDRESS	1111 IMESON PARK BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	LOGAN, THOMAS	32 NAME	
STREET ADDRESS	301 TILLSON AVE	33 STREET ADDRESS	
CITY-ST-ZIP	TILLSONBURG, CAN	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DANIELS, TERRANCE	42 NAME	
STREET ADDRESS	230 EAST HIGH ST	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HARVEY, EDWARD	52 NAME	
STREET ADDRESS	230 EAST HIGH ST	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTESVILLE VA	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	DODD, ANDREW	62 NAME	
STREET ADDRESS	301 TILLSON AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	TILLSONBURG CA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Brian R. Duncan April 4/95 (519)537-0421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083152 CP