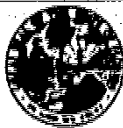


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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	STV
NAME	DUNCAN, BRIAN R
STREET ADDRESS	301 TILLSON AVE.
CITY- ST- ZIP	TILLSONBURG, CAN 00000
TITLE	V
NAME	OUTERSON, DAVE
STREET ADDRESS	1111 IMESON PARK BLVD
CITY- ST- ZIP	JACKSONVILLE, FL 00000
TITLE	CD
NAME	LOGAN, THOMAS
STREET ADDRESS	301 TILLSON AVE
CITY- ST- ZIP	TILLSONBURG, CAN
TITLE	D
NAME	DANIELS, TERRANCE
STREET ADDRESS	230 EAST HIGH ST
CITY- ST- ZIP	CHARLOTTESVILLE VA
TITLE	VD
NAME	HARVEY, EDWARD
STREET ADDRESS	230 EAST HIGH ST
CITY- ST- ZIP	CHARLOTTESVILLE VA
TITLE	P
NAME	DODD, ANDREW
STREET ADDRESS	301 TILLSON AVE.
CITY- ST- ZIP	TILLSONBURG CA

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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; 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:

[Signature]

Brian R. Duncan

April 4/95

(57) 840401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICIAL NUMBER