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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 558331

TOTAL DISTRIBUTION SYSTEMS INC.

Principal Place of Business				
1111 IMESON PARK BLVD JACKSONVILLE FL 32218				

2. Principal Place of Business

21

Mailing Address

1111 IMESON PARK BLVD JACKSONVILLE FL 32218

2a. Mailing Address

26

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90065 035 \*\*\*150.00



	DO NOT WRITE IN THIS SPACE
3.	Date Incorporated or Qualifed

Applied For

Not Applicable

01/27/1978

59-1797190

4. FEI Number

City & State	. Suite Apt.	#, etc.	Suite, Apt. #, etc.		ساسانين	5 Certificate of Status Desired	\$8./5 A		
City & State	22		27			3. Serandad of Canada State Canada	Fee Rec	uired	
Added to Pees    20						6. Election Campaign Financing	\$5.00 N	May Be	
Zip   Country   Zip   Country   Zip   Country   St.	23	,	28			Trust Fund Contribution	Added to	Fees	
9, Name and Address of Current Registered Agent  WEINSTEIN, IRVIN M 1300 GULF LIFE DRIVE JACKSOVILLE FL 32207  82  44 City  FL 85 Zip Code  85 Zineet Address (P.O. Box Number is Not Acceptable)  86 Zireet Address (P.O. Box Number is Not Acceptable)  87  88 Zireet Address (P.O. Box Number is Not Acceptable)  88 Zireet Address (P.O. Box Number is Not Acceptable)  89 Zireet Address (P.O. Box Number is Not Acceptable)  80 Zireet Address (P.O. Box Number is Not Acceptable)  81 Name  82 Zireet Address (P.O. Box Number is Not Acceptable)  83 Zireet Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  90 Zip City Code  90 Zip		Country	Zip	Country		8. This corporation owes the current y			
### STEET ADDRESS OF ST	24							□ No	
WEINSTEIN, IRVIN M 1300 GULF LIFE DRIVE JACKSOVILLE FL 32207  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  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 agent. are minitar with, and accept the obligations of, Section 607 0505, Florida Statutes.  85 SIGNATURE Significant Special Control of Provisions of Ingiliated Special Statutes.  86 City FL 95 Zip Code  11. Pursuant to the provisions of Section 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  87 SIGNATURE Significant Special Statutes.  88 City Statutes.  88 City Statutes.  88 City Statutes.  89 STATUTE Significant Special Statutes.  89 STATUTE Significant Special Statutes.  80 STATUTE Significant Special Statutes.  80 STATUTE Significant Special Statutes.  80 STATUT Statutes.  80		9. Name and Address of Current	Registered Agent			10. Name and Address of New Regis	stered Agent	_	
13.00 GULF LIFE DRIVE JACKSOVILE FL 32207  14. City  15. FL  15. Stations 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and committee with, and accept the obligations or, Section 907.0009, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent agent, and the provisions of section 907.0009, Florida Statutes.  SIGNATURE    2.	*** ***	<del></del>		81	Name				
### STEP TADDRESS ### CITY ### STEP TADDRESS ###	1300 GULF LIFE DRIVE				Ctreet A	tdroce (B.O. Poy Number is Not Acceptable)			
11. Pursuant to the provisions of Sactions 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuse of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signatum, typed or printed name of registered agent and 56 if applicable.					82) Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sactions 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuse of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signatum, typed or printed name of registered agent and 56 if applicable.									
11. Pursuant to the provisions of Sections 607 0502 and 607 1509, Florido 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, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  STV  DUNCAN, BRIAN R  301 TILLSON AVE.  11.3 STREET ADDRESS  CITY-ST-2P  TILLSONBURG, CAN 00000  14. CITY-ST-2P  12. ITILE  DO DELETE  21. TITLE  COPSHEVER, JOHN  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TILLSONBURG ON  DELETE  21. TITLE  COPSHEVER, JOHN  301 TILLSON AVE  TILLSONBURG, CAN  301 TILLSON AVE  TILLSONBURG, CAN  DANIELS, TERRANCE  TILLSONBURG, CAN  DANIELS, TERRANCE  TILLSONBURG, CAN  DELETE  3. TITLE  COPSHEVER, JOHN  Addition  COPSHEVER, JOHN  COPSHEVER, JOHN  COPSHEVER, JOHN  Addition  COPSTILLSON AVE  TILLSONBURG, CAN  TILLSONBURG, CAN  TILLSONBURG, CAN  DANIELS, TERRANCE  TILLSONBURG, CAN  DELETE  3. STREET ADDRESS  TILLSONBURG, CAN  3. ACTY-ST-2P  TILLSONBURG, CAN  COPSHEVER, JOHN  Addition  COPSHEVER, JOHN  COPSHEVER, JOHN  Addition  COPSHEVER, JOHN  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  COPSHEVER, JOHN  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  COPSHEVER, JOHN  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ADDITIONS/CH							<del></del>		
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 agent, and accept the obligations of, Section 607.6505, Florida Statutus.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE STV. DUNCAN, BRIAN R 12. NAME 12. NAME 12. NAME 11. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE CONTINUES OF THE STREET ADDRESS IN 12. NAME 11. STREET ADDRESS IN 12. NAME 11. STREET ADDRESS IN 12. STREET ADDRESS IN 12. NAME 12				84	City		FI 85 Zip C	ode	
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Signature, hyped or printed rame of registered agent and title if applicable.   (NOTE: Registered Agent and title in applicable.   (NOTE: I	office or re	naistered agent or both in the State of	f Florida. Such change was autho	onzea ov	tne comoor	ation's board of directors. I hereby accept the	appointment as reg	istered	
12.	SIGNATURE			-:	4 -lt	ultrad whom reinstating)	SATE		
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## CHARLOTTESVILLE VA ## 4.4 CITY-ST-ZIP    TITLE	–			4.3 STREET	ADDRESS				
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	STREET ADDRESS								
	CITY-ST-ZIP	- diff. that the information currelled with	this filing dose not qualify for th			in Section 119 07(3)(i) Florida Statutes I fur	ther certify that the in	nformation	

Interest certay that the information supplied with this limit does not qualify for the exemption stated in Section 118.07(3)(f), rivined statutes. Interest carry that it is 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, with all other like empowered.

SIGNATURE: