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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TERRY A. MURPHY  
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

Altitude Address

1111 MESON PARK BLVD  
JACKSONVILLE FL 32218

1111 MESON PARK BLVD  
JACKSONVILLE FL 32218

DATE OF STATE REPORT

2. Date Incorporation or Qualification

3a. Date of Last Report

01/27/1978

10/05/1994

4. FET Number

59-1797190

5. Certificate of State License

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 Add'l Fee  
Added to Filing

7. This corporation has made the election to file with the  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

2b. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Country

29. Zip

30. Country

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

83. City

84. State

FL

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of filing with the Secretary of State a statement of its officers and directors, and its registered agent, or agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the above named agent, and accept the obligations of Section 607.04(2), Florida Statutes.

SIGNATURE

Signature of person or persons of registered agent and the corporation

Signature of Registered Agent (signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |  |
|----------------------------|------------------------|--------------------------------------------------|--|
| TITLE                      | STV                    | TITLE                                            |  |
| NAME                       | DUNCAN, BRIAN R        | NAME                                             |  |
| STREET ADDRESS             | 301 TILLSON AVE.       | STREET ADDRESS                                   |  |
| CITY, ST, ZIP              | TILLSONBURG, CAN 00000 | CITY, ST, ZIP                                    |  |
| TITLE                      | V                      | TITLE                                            |  |
| NAME                       | OUTERSON, DAVE         | NAME                                             |  |
| STREET ADDRESS             | 1111 MESON PARK BLVD   | STREET ADDRESS                                   |  |
| CITY, ST, ZIP              | JACKSONVILLE, FL 00000 | CITY, ST, ZIP                                    |  |
| TITLE                      | CD                     | TITLE                                            |  |
| NAME                       | LOGAN, THOMAS          | NAME                                             |  |
| STREET ADDRESS             | 301 TILLSON AVE        | STREET ADDRESS                                   |  |
| CITY, ST, ZIP              | TILLSONBURG, CAN       | CITY, ST, ZIP                                    |  |
| TITLE                      | D                      | TITLE                                            |  |
| NAME                       | DANIELS, TERRANCE      | NAME                                             |  |
| STREET ADDRESS             | 230 EAST HIGH ST       | STREET ADDRESS                                   |  |
| CITY, ST, ZIP              | CHARLOTTESVILLE VA     | CITY, ST, ZIP                                    |  |
| TITLE                      | VD                     | TITLE                                            |  |
| NAME                       | HARVEY, EDWARD         | NAME                                             |  |
| STREET ADDRESS             | 230 EAST HIGH ST       | STREET ADDRESS                                   |  |
| CITY, ST, ZIP              | CHARLOTTESVILLE VA     | CITY, ST, ZIP                                    |  |
| TITLE                      | P                      | TITLE                                            |  |
| NAME                       | DODD, ANDREW           | NAME                                             |  |
| STREET ADDRESS             | 301 TILLSON AVE.       | STREET ADDRESS                                   |  |
| CITY, ST, ZIP              | TILLSONBURG, CA        | CITY, ST, ZIP                                    |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply with the provisions of Section 607.04(2), 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 is a true and accurate representation of the same. 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. My signature appears in Block 12 or Block 13 only and is an attachment with an address.

SIGNATURE: Brian R. Duncan April 4/95 (59) 340421