(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

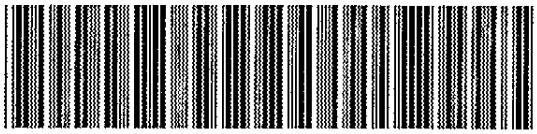
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200037713322

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

89 FEB 27 AM 9 52

FLORIDA DEPT. OF STATE
DIVISION OF
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

558331 5
TOTAL DISTRIBUTION SYSTEMS INC.
1111 IMESON PARK BLVD
JACKSONVILLE, FL 32218-4907

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 01/27/1978

4. Federal Employer Identification Number (FEID): 59-1797190

5. Date of Last Report: 03/01/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
S/T/D	DUNCAN, BRIAN R	~~200 BROADWAY STREET~~ 301 Tillson Ave	TILLSONBURG, CAN	00000
D	OUTERSON, DAVE	1111 IMESON PARK BLVD	JACKSONVILLE, FL	00000
P/D	LOGAN, THOMAS	301 TILLSON AVE	TILLSONBURG, CAN	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and I accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form.

To The Best Of My Knowledge And Belief, With Respect To The Information Which Is Supplemented By This Report, It Is True, Complete, And Accurate. I Further Certify That I Am An Officer Or Director Of The Corporation, The Receiver Or Trustee Empowered To Execute This Report As Required By Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have The Same Legal Effects As If Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature	Date
	February 8 1989
Typed Name of Signing Officer or Director	**Title**
BRIAN DUNCAN	SECRETARY

Telephone Number: 519 842 4211

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2EC004 (1-89)