(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

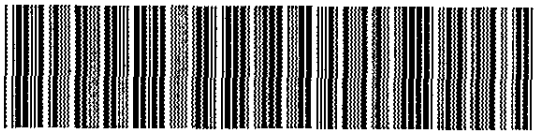
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900037713359

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

APPROVED AND FILED

1992 APR 15 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1992

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

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation. DOCUMENT #558331 (5)

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

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address. A P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box 04/17/92--00010--013 ANNUAL REPORT

23 City and State ANNUAL REPORT ---- **61.25

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

3a. Date of Last Report 02/22/1991

4. FEI Number 59-1797190

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

	Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	S/T/D	DUNCAN, BRIAN R	301 TILLSON AVE.	TILLSONBURG, CAN 00000
2	D	OUTERSON, DAVE	1111 IMESON PARK BLVD	JACKSONVILLE, FL 00000
3	P/D	LOGAN, THOMAS	301 TILLSON AVE	TILLSONBURG, CAN
4				
5				
6				

4-15-92 JK

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

81 Name

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

83 Street Address 2

84 City FL. 85 Zip

9. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes X No ☐ (See other side for information on intangible tax.)

11. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 6 or an attachment with an address.

SIGNATURE [signature] DATE ________

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
BRIAN DUNCAN	V.P. Finance	(519) 842 4211

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee ☐

CR2E034 (1/91)