

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000022765**

1. Entity Name  
**TEXAS INDEPENDENT DELIVERY SERVICES, INC.**



**Principal Place of Business**

**11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584**

**Mailing Address**

**11540 HIGHWAY 92 EAST  
SEFFNER, FL 33584**



02182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3631055**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCINTOSH, ANDREW L  
C/O PIPER MARBURY RUDNICK & WOLFE LLP  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000076397  
03/04/04-80026-018 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE D  
NAME SEAMAN, MORTON  
STREET ADDRESS 500 NORTH BROADWAY SUITE 238  
CITY-ST-ZIP JERICO, NY 11753**

**TITLE PST  
NAME TIPPING, CHARLIE  
STREET ADDRESS 11540 US HWY 92 EAST  
CITY-ST-ZIP SEFFNER, FL 33584**

**TITLE S  
NAME SULLS, STUART  
STREET ADDRESS 11540 US HWY 92 EAST  
CITY-ST-ZIP SEFFNER, FL 33584**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Stuart Sulls**

**2/23/04**

DATE

**(813)623-5400**

DAYTIME PHONE #