

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90119 012 ***150.00

DOCUMENT # S77203

1. Corporation Name

TOTAL WIRE CONCEPTS, INC.

Principal Place of Business

8593 FLORENCE COVE RD
ST AUGUSTINE FL 32092-1903

Mailing Address

8593 FLORENCE COVE RD
ST AUGUSTINE FL 32092-1903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1991

4. FEI Number

59-3081915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6900 Philips Hwy #12

22 Jacksonville FL

23 32216 USA

24 Zip Country

2a. Mailing Address

26 6900 Philips Hwy #12

27 Jacksonville FL

28 32216 USA

29 Zip Country

9. Name and Address of Current Registered Agent

JOHNS, LINDA R.
8593 FLORENCE COVE RD
ST AUGUSTINE FL 32092-1903

10. Name and Address of New Registered Agent

81 Name Johns, Linda R.

82 Street Address (P.O. Box Number is Not Acceptable)
6900 Philips Hwy #12

83 Jacksonville

84 City FL 85 Zip Code 32216

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. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Linda R. Johns, Pres.

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME JOHNS, LINDA R.
STREET ADDRESS 8593 FLORENCE COVE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE
NAME JOHNS, WILLIAM E.
STREET ADDRESS 8593 FLORENCE COVE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D ☐ DELETE
NAME JOHNS, SCOTT A.
STREET ADDRESS 8593 FLORENCE COVE RD
CITY-ST-ZIP ST AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Johns, Linda R.
1.3 STREET ADDRESS 6900 Philips Hwy #12
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Johns, William E.
2.3 STREET ADDRESS 6900 Philips Hwy #12
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME Johns, Scott A.
3.3 STREET ADDRESS 6900 Philips Hwy #12
3.4 CITY-ST-ZIP Jacksonville, FL 32216

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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:

Linda R. Johns

1/18/99

904-296-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)