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 Qualifed
08/29/1991

2. Principal Place of Business
21 6900 Philips Hwy #12
Suite, Apt. #, etc.
22 Jacksonville FL
City & State
23 32216 USA
Zip 24 Country 25

2a. Mailing Address
26 6900 Philips Hwy #12
Suite, Apt. #, etc.
27 Jacksonville FL
City & State
28 32216 USA
Zip 29 Country 30

4. FEI Number
59-3081915
☐ Applied For
☐ Not Applicable

5. Certifcate 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

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 607.0505, Florida Statutes.

SIGNATURE Linda R Johns, Pres. 1/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, Pres. 1/18/99 904-296-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)