

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30596 (1)**  
1. Corporation Name  
**ANGELICA TEXTILE SERVICES, INC.**



Principal Place of Business <b>424 S WOODS MILL RD CHESTERFIELD MO 63016-3406 US</b>	Mailing Address <b>424 S WOODS MILL RD CHESTERFIELD MO 63017-3428 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/17/1990</b>	3a. Date of Last Report <b>04/16/1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>43-1096508</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
7. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
10. Name and Address of New Registered Agent	
	85. Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD WILSON, ALAN</b>	1.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHESTERFIELD MO</b>	1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD YOUNG, L. J.</b>	2.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHESTERFIELD MO</b>	2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD WITTER, JILL</b>	3.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHESTERFIELD MO</b>	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD ARMSTRONG, T. M.</b>	4.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHESTERFIELD MO</b>	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD DEGNAN, T M</b>	5.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHESTERFIELD MO</b>	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASD MANN, L. L.</b>	6.2 NAME	
STREET ADDRESS	<b>424 S WOODS MILL RD</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>CHESTERFIELD MO</b>	6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *T.M. DeGnan* T.M. DEGNAN 4/18/97 (314) 854-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)