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Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90052 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 530591

1. Corporation Name  
STANDARD FORMALWEAR CENTERS, INC.

Principal Place of Business  
44 WELLS ROAD ORANGE PARK MALL  
ORANGE PARK FL 32073

Mailing Address  
44 WELLS ROAD ORANGE PARK MALL  
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1977

2. Principal Place of Business  
21 1910 Wells Road

2a. Mailing Address  
26 1910 Wells Road

4. FEI Number  
59-1732198

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23 City & State  
Orange Park FL

27 City & State  
Orange Park FL

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

24 Zip Country  
32073 USA

29 Zip Country  
32073 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAUER, MICHAEL  
9501 EXPRESSWAY  
JACKSONVILLE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
9501 Arlington Expressway

83

84 City

FL

85 32211

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD ☐ DELETE  
NAME BAUER, BARBARA  
STREET ADDRESS 2564 HALPERNS WAY  
CITY-ST-ZIP MIDDLEBURG FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME BRENNER-BURNEY, JOEY  
STREET ADDRESS 650 NELSON DR.  
CITY-ST-ZIP ORANGE PARK FL 32073

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME BAUER, MICHAEL  
STREET ADDRESS 2564 HALPERNS WAY  
CITY-ST-ZIP MIDDLEBURG FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE Michael Bauer

Date

Daytime Phone #

CR2E034 (11/98)

5/10/99

904-269-2213