

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 173103 (3)

1. Corporation Name

ACTON UNIFORM CO., INC. OF FLORIDA

Principal Place of Business

1607 N E 2ND AVE
MIAMI FL 33132

Mailing Address

1607 N E 2ND AVE
MIAMI FL 33132



3. Date Incorporated or Qualified

04/08/1953

3a. Date of Last Report

01/23/1995

4. FEI Number

59-0771841

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 has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS, PHILIP
9019 S W 112 PLACE
MIAMI, FL
33176

81. Name

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

83.

84. City

FL

85. Zip Code

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) (Name of Registered Agent)

(Signature of Registered Agent) (Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
MOSS, DOROTHY A
STREET ADDRESS
9019 SW 112 PLACE
CITY-STATE-ZIP
MIAMI, FL 00000

2. TITLE ☐ DELETE

NAME
MOSS, PHILIP
STREET ADDRESS
9019 S W 112 PLACE
CITY-STATE-ZIP
MIAMI, FL 33176

3. TITLE ☐ DELETE

NAME
MOSS, HANNAH G
STREET ADDRESS
9019 S W 112 PLACE
CITY-STATE-ZIP
MIAMI, FL 33176

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12. NAME
13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME
33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME
43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME
53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME
63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Required

CR2E034 (12/95)