

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90144 020 \*\*\*150.00

DOCUMENT # 173103

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1953

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

HUGH MOSS

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

15034 SW 153 AVENUE

83

84 City  
MIAMI

FL

85 Zip Code  
33196

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

Hugh Moss / President

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

(NOTE: Registered Agent signature required when reinstating)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

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

☒ DELETE

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

☒ DELETE

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

☒ DELETE

TITLE P/D  
NAME HUGH MOSS  
STREET ADDRESS 15034 SW 153 AVENUE  
CITY-ST-ZIP MIAMI, FL 33196

☐ DELETE

TITLE VP/D  
NAME ANDREW MOSS  
STREET ADDRESS 2201 BRICKELL BAY AVENUE #44  
CITY-ST-ZIP MIAMI, FL 33129

☐ DELETE

TITLE ST/D  
NAME EDWARD MOSS  
STREET ADDRESS 100 N. BISCAYNE BLVD. 25TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33132

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

Hugh Moss / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

(305) 358-8730

Daytime Phone #

CR2E034 (11/98)