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FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 301852 (0)
 1. Corporation Name
LIFE UNIFORM COMPANY OF FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 424 SOUTHWOODS MILL RD. CHESTERFIELD MO 63017-3406 US	Mailing Address 424 SOUTHWOODS MILL RD ST LOUIS MO 63017-3406 US
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3. Date Incorporated or Qualified 02/09/1966	
4. FEI Number 59-1116101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, L.J.	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURNHAM, M. E.	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WITTER, JLL	
STREET ADDRESS	424 S WOODS MILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, T. M.	
STREET ADDRESS	424 S WOODS MILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEGNAN, T. M.	
STREET ADDRESS	424 S WOODS MILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MANN, L.L. (ASST)	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUBBLE, D.W.	
1.3 STREET ADDRESS	424 SOUTHWOODS MILL RD	
1.4 CITY-ST-ZIP	CHESTERFIELD, MO 63017-3406	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TIMM, W.W.	
3.3 STREET ADDRESS	424 SOUTHWOODS MILL ROAD	
3.4 CITY-ST-ZIP	CHESTERFIELD, MO 63017-3406	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* T.M. DEGNAN 4-17-98 (314) 854-2800

CR2E034 (10/97)