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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 301852

1. Corporation Name

LIFE UNIFORM COMPANY OF FLORIDA

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1966

4. FEI Number

59-1116101

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

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE
NAME HUBBLE, D.W.
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO 63017

TITLE PD ☐ DELETE
NAME BURNHAM, M. E.
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO

TITLE S ☐ DELETE
NAME TIMM, W.W.
STREET ADDRESS 424 S WOODS MILL RD.
CITY-STATE-ZIP CHESTERFIELD MO 63017

TITLE AT ☐ DELETE
NAME ARMSTRONG, T. M.
STREET ADDRESS 424 S WOODS MILL RD.
CITY-STATE-ZIP CHESTERFIELD MO

TITLE TD ☐ DELETE
NAME DEGNAN, T. M.
STREET ADDRESS 424 S WOODS MILL RD.
CITY-STATE-ZIP CHESTERFIELD MO

TITLE AS ☐ DELETE
NAME MANN, L.L. (ASST)
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.M. DEGNAN 4-23-99 (314) 854-3800

Date

Daytime Phone #

CR2E034 (11/98)