

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90325 050 ***150.00

DOCUMENT # 301852

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1116101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBBLE, D.W.	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	RAAB, DENIS R	<input checked="" type="checkbox"/> Delete
NAME	RAAB, DENIS R	
STREET ADDRESS	424 S WOODS MILL RD	
CITY-ST-ZIP	CHESTERFIELD MO 63017-3406	
TITLE	S	<input type="checkbox"/> Delete
NAME	FREY, STEVEN L	
STREET ADDRESS	424 S WOODS MILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017-3406	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ARMSTRONG, T. M.	
STREET ADDRESS	424 S WOODS MILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO	
TITLE	AST	<input type="checkbox"/> Delete
NAME	SHAFFER, JAMES W	
STREET ADDRESS	424 S WOODS MILL RD.	
CITY-ST-ZIP	CHESTERFIELD MO 63017-3406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	NONE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Life Uniform Co. of Florida By: *Stacy L. Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4/26/04

(314) 854-3800

Date

Daytime Phone #