

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90120 032 ***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

04032006

Chg-P

CR2E034 (11/05)

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

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

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
FREY, STEVEN L
424 S WOODS MILL RD.
CHESTERFIELD, MO 630173406** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AT
HARTKE, THOMAS L
424 SOUTH WOODS MILL RD
CHESTERFIELD, MO 63017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T F
SHAFER, JAMES W
424 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO 63017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
SIMMONS, JERRE
424 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO 63017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
O'HARA, STEPHEN
424 SOUTH WOODS MILL RD
CHESTERFIELD, MO 63017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT & DIRECTOR
SHAFER, JAMES W
424 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO. 63017-3406** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
FREY, STEVEN L.
424 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO. 63017-3406** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
HARTKE, THOMAS L.
424 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO. 63017-3406** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
LASZBOWSKI, CARLA
424 SOUTH WOODS MILL ROAD
CHESTERFIELD, MO. 63017-3406** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/06

314 854 3813