

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # 317707 (8)

1. Corporation Name

CLEARWATER LINEN & UNIFORM SUPPLY, INC.



Principal Place of Business

601 GRAND CENTRAL STREET
CLEARWATER FL 34616

Mailing Address

601 GRAND CENTRAL STREET
CLEARWATER FL 34616

3. Date Incorporated or Qualified
06/13/1967

3a. Date of Last Report
03/30/1995

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

4. FEI Number

59-1167523

5. Certificate of Status Desired

Applied For
Not Applicable

6. Election Campaign Financing
Trust Fund Contribution

\$8.75 Additional
Fee Required
\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLER, JOHN E
1101 ENISWOOD PKWY
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CT
NAME PERKINS, DAVID G., JR.
STREET ADDRESS 920 BAY ESPLANADE
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

TITLE S
NAME BASSETT, MARGERY A.
STREET ADDRESS 14739 63RD WAY NO
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE P
NAME TAYLER, JOHN E
STREET ADDRESS 1218 ENISWOOD PKWY
CITY-ST-ZIP PALM HARBOR FL ☐ DELETE

TITLE V
NAME TAYLER, WILLIAM K.
STREET ADDRESS 502 GULFVIEW BOULEVARD S
CITY-ST-ZIP CLEARWATER FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TREASURER ☐ Change ☒ Addition
1.2 NAME MELODY J. TAYLER
1.3 STREET ADDRESS 1101 ENISWOOD PARKWAY
1.4 CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME 1101 ENISWOOD PKWY
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
4.2 NAME JOHN E. TAYLER, JR.
4.3 STREET ADDRESS 2052 JOEL CRT
4.4 CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 of trust or 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 823-442-7111
Daytime Phone #

CR2E034 (12/95)