FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **390167** **(5)**

1. Corporation Name
PROGOLD UNIFORMS INC.

Principal Place of Business	Mailing Address
3611 TYRONE BLVD N. P.O. BOX 41463-33743 ST. PETERSBURG FL 33709	3611 TYRONE BLVD N. P.O. BOX 41463-33743 ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1971
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4251 34TH STREET NORTH
22: Suite, Apt. #, etc.
23: City & State: ST PETERSBURG FL
24: Zip: 33714
25: Country: PINELLAS

2a. Mailing Address
26: P.O. Box 41463-33743
27: Suite, Apt. #, etc.
28: City & State: ST PETERSBURG FL
29: Zip: 33743
30: Country: PINELLAS

4. FEI Number: 59-1362826 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FYVOLENT, DOUGLAS S
3390 46TH AVE. NORTH
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8115 37TH AVENUE NORTH
83
84 City: ST PETERSBURG **FL** 85 Zip Code: 33710

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE		☐ Change ☐ Addition
NAME	FYVOLENT,DAVID B	12 NAME		
STREET ADDRESS	8249 35TH AVENUE NO.	13 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	FYVOLENT,SALLY F	22 NAME		
STREET ADDRESS	8249 35TH AVENUE NO.	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☒ Change ☐ Addition
NAME	FYVOLENT, DOUGLAS S	32 NAME		
STREET ADDRESS	3390 46TH AVE. NORTH	33 STREET ADDRESS	8115 37TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33714	34 CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ 4/4/95 (813) 898-5020
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID B. FYVOLENT

01401731 CP