FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 390167 (5)

Secretary of State

FILED

May 05 1998 8:00am

PROG	OLD UNIFORMS INC.	(-)						
Principal Place of Business Mailing Address						- I IODABE HAID POLLA GOLDE LIBEO DIFFA IDDA	Atāti aikit Atāti Atāti	Albii aibii faai
4251 3RTH STREET, NORTH P.O. BOX 41463-337- P.O. BOX 41463-33743 P.O. BOX 41463-337- ST. PETERSBURG FL 33714 ST. PETERSBURG FI			3743			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified 10/22/1971	<u> </u>	
2. Principal	pal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21	26					59-1362826		Not Applicable
Suite, Ap	Suite, Apt. #, etc.	, Apt. #, etc.			6. Certificate of Status Desired		5 Additional Required	
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23		28				Trust Fund Contribution	☐ Add	led to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid		
24	25	29	30			Personal Property Tax due June 3		_∐ No
	9. Name and Address of Currer	it Hegistered Agent		61 Name		10. Name and Address of New Regi	stered Agent	
FYVOLENT, DOUGLAS S				OI NAME				
8115 37TH AVENUE NORTH				62 Stree	t Addre	ss (P.O. Box Number is Not Acceptable	3)	
ST. PETERSBURG FL 33710				83				
				~				
				84 City			FL 85 Z	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				N/e-neme	d corne	pretion submits this statement for the nu		an its registered
office or	registered agent, or both, in the State	of Florida, Such change was	authorize	by the co	rporatio	on's board of directors. I hereby accept	the appointment	as registered
_		ations of, Section 607.0505, F	iorida Stat	utes.				
SIGNATURE	Signature, typed or printed name of registered ego	not and title II applicable (NC)If Registered	i Acent signatu	re require	d when reinstaling)	DATE	
12.	OFFICERS AN		13.		- C Lugor D	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	DC	☐ DELETE		1.1 TITLE			☐ Chan	ge Addition
NAME	FYVOLENT,DAVID B		1.2 N	1.2 NAME				
STREET ADDRESS	4251 34TH STREET NORTH		1.3 ST	REET ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CI	TY-ST-ZIP				
TITLE	DV	DELETE	2.1 TI	LE			☐ Chan	ige 🔲 Addition
NAME	FYVOLENT, DOUGLAS S		2.2 N	ME				
STREET ADDRESS			2 3 ST	reet address				ļ
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 C	TY-ST-ZIP			· <u> </u>	
TITLE		DELETE	3.1 TF	LE		•	☐ Chan	ige 🔲 Addition
NAME			3.2 N	ME				Į.
STREET ADDRESS	i 1		3 3 ST	reet address				
CITY-ST-ZIP		T Ar. tvr		TY-ST-ZIP	- 	······································	- I A	
TITLE		☐ DELETE	4.1 T)				☐ Chan	ige 🔲 Addition
NAME			4. 2 N		İ			
STREET ADDRESS	1			REET ADDRESS				
CITY-ST-ZIP		Driett		IY-ST-ZIP			☐ Chan	ge Addition
TITLE		☐ DELETE	5.1 Ti					An CT WORKING
NAME ATTENTO			5.2 N/					
STREET ADDRESS		•		REET ADDRESS				
CFTY-ST-ZIP		DELETE	5.4 C/ 6.1 T/	TY-ST-ZIP	+		☐ Chan	nge Addition
NAME		L. J OLCI IL	6.2 N/				_ 5,60	
STREET ADDRESS				REET ADDRESS				
				nee i Auuness FY-ST-ZIP	1			
CITY-ST-ZIP			0.4 U	1.91.7M				

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 ceth; 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.