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PROFIT CORPORATION ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 530591

STANDARD FORMALWEAR CENTERS, INC.

Mailing Address

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business 44 WELLS ROAD ORANGE PARK MALL 44 WELLS ROAD ORANGE PARK MALL **ORANGE PARK FL 32073 ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1732198 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zio Country Zic 8. This corporation owes or has paid the current year Intengible Yes Personal Property Tax due June 30. 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Bauer, Michael 9501 EXPRESSWAY Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 83 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 title if applicable (NOTE: Registered Agent signature required when re-installing) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Addition TITLE 1.1 TITLE Change BAUER, BARBARA 1.2 NAME NAME 2564 HALPERNS WAY STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP 1.4 CITY-\$1-ZIP Addition DELETE Change TITLE 21 TITLE **BRENNER-BURNEY, JOEY** 2.2 NAME 650 NELSON DR. STREET ADDRESS 2.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE BAUER, MICHAEL NAME 3.2 NAME 2564 HALPERNS WAY STREET ADDRESS 3.3 STREET ADDRESS MIDDLEBURG FL CITY-ST-ZIP 34. CITY-ST-ZIP ☐ DELETE ☐ Change Addition 4 1 THILE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY - ST - 2IP DELETE Addition Change TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 61 TITLE TITLE NAME 62 NAME **STREET ADDRESS** 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 of the processor or true component 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 it is the processor of the p officer or director of the corporation of Block 12 or Block 13 if changed, or the corporation of the corpora