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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:13

DOCUMENT # **550796** **(7)**

1. Corporation Name
LAKE'S UNIFORMS, INC.

Principal Place of Business	Mailing Address
1712 PARK AVE. ORANGE PARK FL 32073 US	3365 DOCTORS LAKE DRIVE ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1977	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1776341	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LAKE, LLOYD JAMES
3365 DOCTORS LAKE DR.
ORANGE PARK FL 32073

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAKE, PATRICIA V	12 NAME	
STREET ADDRESS	3365 DOCTORS LAKE DR	13 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK, FL 00000	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	LAKE, LLOYD LESLIE	22 NAME	
STREET ADDRESS	8163 PINEVERDE LANE	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, LISA	32 NAME	
STREET ADDRESS	2446 NW 15TH PLACE	33 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP	
TITLE	VST	41 TITLE	☐ Change ☐ Addition
NAME	LAKE, LLOYD J	42 NAME	
STREET ADDRESS	3365 DOCTORS LAKE DR	43 STREET ADDRESS	
CITY ST ZIP	ORANGE PARK, FL 00000	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: LAKE LLOYD J. V/P/T 13 January 1995 904 264 0535
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0401808 FP