

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 823515 (2)

1. Corporation Name

SUPERIOR SURGICAL MFG CO., INC.



Principal Place of Business

SEMINOLE BLVD. AT 100TH TERR
PO BOX 4002
SEMINOLE FL 34642-1002

Mailing Address

SEMINOLE BLVD. AT 100TH TERR
PO BOX 4002
SEMINOLE FL 34642-1002

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/12/1969

3a. Date of Last Report
05/01/1995

4. FEI Number
11-1385670

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

N/A

Signature, typed or printed name of registered agent, and date (month, day, year)

(If NE, Registered Agent Signature and company name, relationship)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	BENSTOCK, PETER	SEMINOLE BLVD AT 100TH	SEMINOLE FL	<input type="checkbox"/>
PD	SCHWARTZ, ALAN	SEMINOLE BLVD AT 100TH	SEMINOLE, FL 00000	<input type="checkbox"/>
TVPS	JOHANSEN, JOHN W	SEMINOLE BLVD AT 100TH	SEMINOLE, FL 00000	<input type="checkbox"/>
VD	SCHECHTER, SAUL	SEMINOLE BLVD AT 100TH	SEMINOLE, FL 00000	<input type="checkbox"/>
PD	BENSTOCK, MICHAEL	SEMINOLE BLVD AT 100TH	SEMINOLE, FL 00000	<input type="checkbox"/>
CEO	BENSTOCK, GERALD M	SEMINOLE BLVD AT 100TH	SEMINOLE, FL 00000	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Johansen
SR VP & Treasurer

4/19/96

813.392.9611

CR2E034 (12/95)