

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

DOCUMENT # 835514 (1)

1. Corporation Name

RIVERSIDE UNIFORM RENTALS, INC.

**APPROVED
AND
FILED**

95 FEB 28 PM 3:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**11TH STREET, S.W.
P. O. BOX 480
MOULTREE GA 31776-7480**

Mailing Address

**11TH STREET, S.W.
P. O. BOX 480
MOULTREE GA 31776-7480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/02/1975

3a. Date of Last Report

02/08/1994

4. FEI Number

58-0833108

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	TUCKER, RONALD W
STREET ADDRESS	ROUTE 6 BOX 620
CITY-ST-ZIP	MOULTREE GA
TITLE	PDT
NAME	VEREEN, WILLIAM J
STREET ADDRESS	21 DOGWOOD CIRCLE
CITY-ST-ZIP	MOULTREE GA
TITLE	S
NAME	SEARS, G W JR
STREET ADDRESS	121 LOGLOLLY RD
CITY-ST-ZIP	MOULTREE GA
TITLE	D
NAME	VEREEN, W C JR
STREET ADDRESS	1156 S MAIN ST
CITY-ST-ZIP	MOULTREE GA
TITLE	VD
NAME	VEREEN, T J
STREET ADDRESS	1304 10TH ST
CITY-ST-ZIP	MOULTREE GA
TITLE	VD
NAME	VEREEN, HARVEY B
STREET ADDRESS	RT. 6 BOX 37
CITY-ST-ZIP	MOULTREE GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SD ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 in an attachment with an address.

SIGNATURE:

George W. Sears, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Sears, Jr., Secretary 2-24-95, (912)985-5210

(Date)

(Typed Name)