FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **835514** **(1)**

1. Corporation Name

RIVERSIDE UNIFORM RENTALS, INC.

Principal Place of Business	Mailing Address
11TH STREET. S.W. P. O. BOX 460 MOULTRIE GA 31776-7460	11TH STREET. S.W. P. O. BOX 460 MOULTRIE GA 31776-7460

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 31776-0460 25 Country	29 Zip 31776-0460 30 Country

3. Date Incorporated or Qualified: **12/02/1975**

3a. Date of Last Report: **02/28/1995**

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

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 607.0500 and 617.0501, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, RONALD W		2 NAME	
STREET ADDRESS	ROUTE 6 BOX 620		3 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA		4 CITY-ST-ZIP	
TITLE	PDT	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	VEREEN, WILLIAM J		6 NAME	
STREET ADDRESS	21 DOGWOOD CIRCLE		7 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA		8 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	SEARS, G W JR		10 NAME	
STREET ADDRESS	121 LOBLOLLY RD		11 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA		12 CITY-ST-ZIP	
TITLE	D	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	VEREEN, W C JR		14 NAME	
STREET ADDRESS	1156 S MAIN ST		15 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA		16 CITY-ST-ZIP	
TITLE	D	☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME	VEREEN, T J		18 NAME	
STREET ADDRESS	1304 10TH ST		19 STREET ADDRESS	
CITY-ST-ZIP	MOULTRIE GA		20 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	VEREEN, HARVEY B		22 NAME	Harvey B. Vereen
STREET ADDRESS	RT. 8 BOX 37		23 STREET ADDRESS	2099 GA Highway 37 East
CITY-ST-ZIP	MOULTRIE GA		24 CITY-ST-ZIP	Moultrie, GA 31768

Executive Vice President D

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is substantially form-neutral 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 added by amendment with an address.

SIGNATURE: G. W. Sears, Jr. G. W. Sears, Jr. 3-12-96 (912)985-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone