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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 31776-460 US	11TH STREET, S.W. P. O. BOX 460 MOULTRIE GA 31776-0460 US

3. Date Incorporated or Qualified: 12/02/1975
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 607.0502 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 agent is an officer (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, RONALD W		1.2 NAME		
STREET ADDRESS	ROUTE 6 BOX 620		1.3 STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE GA		1.4 CITY-ST-ZIP		
TITLE	PDT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VEREEN, WILLIAM J		2.2 NAME		
STREET ADDRESS	21 DOGWOOD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE GA		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEARS, G W JR		3.2 NAME		
STREET ADDRESS	121 LOBLOLLY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE GA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VEREEN, W C JR		4.2 NAME		
STREET ADDRESS	1156 S MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VEREEN, T J		5.2 NAME		
STREET ADDRESS	1304 10TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE GA		5.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	VEREEN, HARVEY B		6.2 NAME		
STREET ADDRESS	RT. 8 BOX 37		6.3 STREET ADDRESS	2099 GA Highway 37 East	
CITY-ST-ZIP	MOULTRIE GA		6.4 CITY-ST-ZIP	Moultrie, GA 31768	

CR2E034 (9/96)

14. I do hereby 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 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: G. W. Sears, Jr. G. W. Sears, Jr. 2-24-97 (912)985-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #