

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **835514**

1. Corporation Name  
**Riverside Uniform Rentals, Inc.**

Principal Place of Business <b>11th Street, S. W. P. O. Box 460 Moultrie, GA 31776-0460</b>	Mailing Address <b>11th Street, S. W. P. O. Box 460 Moultrie, GA 31776-0460</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12-2-75</b>	
21		26		4. FEI Number <b>58-0833108</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>FL</b>
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tucker, Ronald W.</b>	12 NAME	<b>Executive V.P./COO</b>
STREET ADDRESS	<b>Route 6, Box 620</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>Moultrie, GA 31768</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vereen, William J.</b>	22 NAME	<b>President/Director/Treas./CEO</b>
STREET ADDRESS	<b>21 Dogwood Circle</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>Moultrie, GA 31768</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary/Director</b>	32 NAME	
STREET ADDRESS	<b>Sears, G. W., Jr.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>121 Loblolly Road</b>	34 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vereen, W. C., Jr.</b>	42 NAME	
STREET ADDRESS	<b>1156 South Main St.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>Moultrie, GA 31768</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>	52 NAME	
STREET ADDRESS	<b>Vereen, T. J.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>1304 10th St., S. E.</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Exec.V.P./Director</b>	62 NAME	<b>500002448888</b>
STREET ADDRESS	<b>Vereen, Harvey B.</b>	63 STREET ADDRESS	<b>-03/06/98--01009--028</b>
CITY-ST-ZIP	<b>2099 GA Highway 37 East</b>	64 CITY-ST-ZIP	<b>***150.00</b>
	<b>Moultrie, GA 31768</b>		<b>PE 3.5</b>

14. I 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.** 2-19-98 (912)985-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/97)