

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90158 046 ***150.00

0648577

DOCUMENT # 835514

1. Corporation Name

RIVERSIDE UNIFORM RENTALS, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified

12/02/1975

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	TUCKER, RONALD W, COO	
STREET ADDRESS	ROUTE 6 BOX 620	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	VEREEN, WILLIAM J, CEO	
STREET ADDRESS	21 DOGWOOD CIRCLE	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEARS, G W JR	
STREET ADDRESS	121 LOBLOLLY RD	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VEREEN, T J	
STREET ADDRESS	1304 10TH ST., SE	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	VEREEN, HARVEY B	
STREET ADDRESS	2099 GA HIGHWAY 37 EAST	
CITY-ST-ZIP	MOULTRIE GA 31768	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Treas./CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vereen, William J.	
1.3 STREET ADDRESS	21 Dogwood Circle	
1.4 CITY-ST-ZIP	Moultrie, GA 31768	
2.1 TITLE	Exec. V. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vereen, Harvey B.	
2.3 STREET ADDRESS	2099 GA Highway 37 East	
2.4 CITY-ST-ZIP	Moultrie, GA 31768	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	King, Charles J.	
3.3 STREET ADDRESS	813 Highway 111	
3.4 CITY-ST-ZIP	Moultrie, GA 31768	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vereen, Barbara B.	
5.3 STREET ADDRESS	1146 South Main Street	
5.4 CITY-ST-ZIP	Moultrie, GA 31768	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99
Date

(912)985-5210
Daytime Phone #

CR2E034 (11/98)