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

APPROVED AND FILED
95 MAY -1 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845099** **(1)**

1. Corporation Name
ANGELICA CORPORATION

Principal Place of Business	Mailing Address
424 SOUTH WOODS MILL RD CHESTERFIELD MO 63017-3406 US	424 S WOODS MILL RD CHESTERFIELD MO 63017-3406 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1980
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 424 South Woods Mill Road	26 424 South Woods Mill Rd
Suite, Apt. #, etc. 22 Chesterfield	Suite, Apt. #, etc. 27 Chesterfield
City & State 23 Missouri	City & State 28 Missouri
Zip 24 63017-3406 Country 25	Zip 29 63017-3406 Country 30

4. FEI Number: 43-0905260 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	WITTER, J.	12 NAME	
STREET ADDRESS	424 S WOODS MILL RD	13 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARBISON JR.,EARL H.	22 NAME	
STREET ADDRESS	424 S WOODS MILL RD	23 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BURNHAM, M. E	32 NAME	
STREET ADDRESS	424 S WOODS MILL RD	33 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LOEWE, L F	42 NAME	
STREET ADDRESS	424 S WOODS MILL RD	43 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	YOUNG, L. J.	52 NAME	
STREET ADDRESS	424 S WOODS MILL RD	53 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	DEGNAN, T.M.	62 NAME	
STREET ADDRESS	424 S WOODS MILL RD	63 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	64 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 119.07(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 on an attachment with an address.

SIGNATURE: T M Degnan T M DEGNAN 4-25-95 (314)854 3800
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

04480 PD PP