

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

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 845099 (1)  
1. Corporation Name  
ANGELICA CORPORATION



Principal Place of Business  
424 SOUTH WOODS MILL ROAD  
CHESTERFIELD MO 63017  
US

Mailing Address  
424 SOUTHWOODS MILL ROAD  
CHESTERFIELD MO 63017  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/24/1980

4. FEI Number  
43-0905260

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 or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

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  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8 WITTER, J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	424 S WOODS MILL RD	1.2 NAME	
STREET ADDRESS	CHESTERFIELD MO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HARBISON JR., EARL H.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	424 S WOODS MILL RD	2.2 NAME	
STREET ADDRESS	CHESTERFIELD MO	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V BURNHAM, M. E.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	424 S WOODS MILL RD	3.2 NAME	
STREET ADDRESS	CHESTERFIELD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LOEWE, L F	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	424 S WOODS MILL RD	4.2 NAME	
STREET ADDRESS	CHESTERFIELD MO	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD YOUNG, L. J.	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	424 S WOODS MILL RD	5.2 NAME	
STREET ADDRESS	CHESTERFIELD MO	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T DEGNAN, T.M.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	424 S WOODS MILL RD	6.2 NAME	
STREET ADDRESS	CHESTERFIELD MO	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)