

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

0549742

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 845099

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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 S
NAME WITTER, J.
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO ☒ DELETE

TITLE D
NAME HARBISON JR., EARL H.
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO ☐ DELETE

TITLE V
NAME BURNHAM, M. E.
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD FL ☐ DELETE

TITLE D
NAME LOEWE, L F
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO ☐ DELETE

TITLE PD
NAME DON W HUBBLE
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO 63017 ☐ DELETE

TITLE T
NAME DEGNAN, T.M.
STREET ADDRESS 424 S WOODS MILL RD
CITY-STATE-ZIP CHESTERFIELD MO ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME STEVEN L. FAHEY
1.3 STREET ADDRESS 424 South Woods Mill Rd.
1.4 CITY-STATE-ZIP Chesterfield, Mo. 63017-3406 ☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

T.M. Degnan

T.M. DEGNAN

4/23/99

314 8543800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)