

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 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90113 031 \*\*\*150.00

**DOCUMENT # F67109**

1. Corporation Name  
**UNIFORMS UNIQUE, INC.**

Principal Place of Business

444 HAWAIIAN TERRACE  
1018 PARK STREET  
JACKSONVILLE FL 32204  
US

Mailing Address

1018 PARK STREET  
JACKSONVILLE FL 32204  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1982

4. FEI Number

59-2199871

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.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

RAUSCH, LAWRENCE R., P.A.  
712 S. EDGEWOOD AVE.  
JACKSONVILLE FL 32205

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	PST	<input checked="" type="checkbox"/> DELETE
NAME	WENDEL, DANIEL LEE	
STREET ADDRESS	444 HAWAIIAN TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 0	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WENDEL, RITA MARIE	
STREET ADDRESS	444 HAWAIIAN TERRACE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CORBITT, ELIZABETH ANN	
1.3 STREET ADDRESS	12205 BEAVER RUN ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	V	
2.2 NAME	PAPA, VICTOR H., JR	
2.3 STREET ADDRESS	7701 BAYMEADOWS CIRCLE, WEST	
2.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLARK, TERRI LYNETTE	
4.3 STREET ADDRESS	5841 PICKETVILLE ROAD	
4.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32254	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/99 (904) 355-9427

Daytime Phone #

CR2E034 (1/98)