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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G71240

CLEARWATER LINEN AND UNIFORM SUPPLY HOLDING COMP ANY, INC.

**FILED** May 06 1998 8:00am Secretary of State



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		601 GRAND CENTRAL STREET			1	
CLEARWATE	N FL 34016	CLEANWAIEN PL 34616	CLEARWATER FL 34616		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/21/1983	
2. Principal	Place of Business	2s. Mailing Address			4. FEI Number Applied For	
21		26			<b>59-2368313</b> Not Applicable	
	l.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
	ne	City & State			6, Election Campaign Financing \$5.00 May Be	
23	Country		Count	<u>-</u>	Trust Fund Contribution	
24	<del></del>	<u></u>	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
241			301		10. Name and Address of New Registered Agent	
TA			8	1 Name	10:	
		8	Street A	Address (P.O. Box Number is Not Acceptable)		
<b>'</b> '	Suite, Apt. #, etc.  City & State  Zip Country  25  9. Name and Address of Curr  TAYLER, JOHN E  1101 ENISWOOD PKWY PALM HARBOR FL 34883  II. Pursuant to the provisions of Sections 607.01 office or registered agent, or both, in the State agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the obtention of the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state agent. I am familiar with, and accept the state		8	3		
			8	City	FL 85 Zip Code	
44 0	to the evenision of Continue COZ OF	00 and 007 1500 Florida Park to	- 45 1-0			
office or agent. I	registered agent, or both, in the Stat am familiar with, and accept the obli	o of Florida Such change was augations of, Section 607.0505, Flor	uthorized to ida Statuti	by the corpo	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature Noed or project pages of projected as	cool and idle d applicable (NOTE	Registered A	nent signature re	required when rainstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition	
NAME	TAYLER, JOHN E.		12 NAME			
STREET ADDRESS		ET	1.3 STRE	T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY	ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME			22 NAME			
STREET ADDRESS		ET	2.3 STRE	T ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY	-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	1		3.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	<b>_</b>		3.4. CITY			
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition	
NAME			4. 2 NAM	1		
STREET ADDRESS	1		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	<del> </del>	——————————————————————————————————————	4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	ŀ	Change Addition	
NAME	<b>F</b>		5.2 NAME			
STREET ADDRESS				1 ADORESS		
CITY-ST-ZIP		77 2000	5.4 C/TY-	ST-ZIP		
TITLE	Ę.	☐ DELETE	6.1 TITLE	}	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	1		63 STREE	T ADORESS		
CITY-ST-ZIP	1		6.4 CITY-	ST-ZIP		

14. I hereby certify that the information supplied with this tilin indicated on this annual report or supplemental annual reofficer or director of the corporation or the faceiver or an altachment with Block 12 or Block 13 if changed or proper attachment with ces not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the jrue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in