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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J08240

(0)

LINN UNIFORMS OF FLORIDA, INC.

FILED Jan 28 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address 1241 E. COLONIAL DRIVE 14511 ANCHORET RD. ORLANDO FL 32803 TAMPA FL 33824-2701 US			······································							
						 Date Incorporated or Qualified 04/09/1986 		ate of L 16/19		port
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number 59-2660567	1 - 3	-	Ap	plied For t Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc.			***************************************	5. Certificate of Status Desired			.75 A	dditional quired
City & Sta 23	ate	City & State				Election Campaign Financing Trust Fund Contribution				May Be o Fees
Zip 24	Country Zip Country 25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 🙀 Yes 🔲 No					
	9. Name and Address of Curr	ent Registered Agent		1		10, Name and Address of New F	Registered	Agent		
	LIN, LARRY			81	Name					
	E TAMPA CITY CENTER #3300 MPA FL 33602			62	Street Add	ress (P.O. Box Number is Not Acceptable)				
			Į	83	Ch			Tae I	7:- (Soda
				84	City		FL	85	Zip C	,oae
SIGNATURE		ND DIRECTORS	13.		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND			
TITLE	PD	☐ DELETE	1.1 717			•		∐ Ch	ange	Addition
NAME	LINN, STEPHEN D.		1.2 NA							
STREET ADDRESS	14511 ANCHORET RD. TAMPA FL		4		ADDRESS					
CiTY+ST-ZIP TITLE	D	DELETE	1.4 CIT 2.1 TIT		- ZIP			Ch	ange	Addition
NAME	LINN, CONSTANCE E.		2.2 NA							
STREET ADDRESS	ALDEA ANOMORET DO		2 3 ST	REET A	ADORESS					
CITY-ST-ZIP	TAMPA FL		2 4 CI		T-ZIP			· ·		-
TITLE	VPD	☐ DEŁETE	3 1 TIT					L Ch	ange	Addition
NAME	LINN, JEFFREY N. 14511 ANCHORET RD		3 2 NA		1000000					
STREET ADDRESS City-St-7/P	TAMPA FL		33 ST 3.4. CI		ADDRESS T- 7/P					
THE	D	DELETE	4.1 70		1-411			☐ Cr	ange	Addition
NAME	LINN, CRAIG		4. 2 N	AME						
STREET ADORESS	5610 W. SLIGH AVE		4.3 ST	REET	ADDRESS					
CITY-ST-ZIP	TAMPA FL		4.4 CI		- ZIP					
TITLE		☐ DELETE	5.1 10		Ī			LJ C	ange	Addition
NAME			5.2 NA							
STREET ADORESS					ADDRESS					
City-St-ZiP Title		DELETE	5.4 CI 6.1 Tri		- ZIP				nanoe	Addition
NAME		vecete	6.2 NA							
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			6.4 CI		i i					

14. Ido 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 concoration 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 12 if diranged, or on an attachment with an address.

SIGNATURE:

JEFFREY N LINN

1/6/97 Date

(813) 249-2525

Daytime Phone #