

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90165 024 ***150.00

0401327

DOCUMENT # J08240

1. Corporation Name

LINN UNIFORMS OF FLORIDA, INC.

Principal Place of Business

1241 E. COLONIAL DRIVE
ORLANDO FL 32803
US

Mailing Address

14511 ANCHORET RD.
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1986

4. FEI Number

59-2660567

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Country

2a. Mailing Address

26 4601 W. Comanche Ave
Suite, Apt. #, etc.

27 City & State

28 Tampa FL

Zip

Country

29 33614

30 US

9. Name and Address of Current Registered Agent

BALIN, LARRY
ONE TAMPA CITY CENTER #3300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

RUSSELL THOMAS

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

100 NORTH TAMPA STREET

83

SUITE 3500

84 City

TAMPA

FL

85 Zip Code

33602

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 date of filing.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO
LINN, STEPHEN D.
14511 ANCHORET RD.
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINN, CONSTANCE E.
14511 ANCHORET RD.
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
LINN, JEFFREY N.
14511 ANCHORET RD
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LINN, CRAIG
4601 W COMANCHE AVE
TAMPA FL 33614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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

JEFFREY N. LINN

1-05-99

813-249-2525

Date

Daytime Phone #

CR2E034 (11/98)