## -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** 

DOCUMENT # J54235

UNIFORMS, ETC., OF MANATEE, INC.

Principal	Place of	Business

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90066 018 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
1205 PEPPERTE	REE DRIVE	1205 PEPPERTREE	DRIVE					
SARASOTA FL		SARASOTA FL 342	242			DO NOT WRITE IN THIS	C CDACE	
							3 SPACE	
						3. Date Incorporated or Qualifed		
						01/26/1987		
2. Principal P	lace of Business	2a. Mailing Addre	ISS			4. FEI Number		Applied For
21		26				59-2796952		Not Applicable
Suite Apt.	#, etc	Suite, Apt. #,	etc	~		5. Certificate of Status Desired		Additional
22	-	27						Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cor	untry		8. This corporation owes the current year In	2	
24	25	29	30			Personal Property Tax.	YZ Yes	No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New Registered	i Agent	
				81	Name			
	CH, MARTIN			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1205	PEPPERTREE DR			-	ÇIIÇEL AGG	7000 (1.0. DOX 118111BOL 10 1101 1105 PILLET)		
SAR	ASOTA FL 34242			83	-			
				84	City	FI	85   Zip	Code
44 Durauant	to the provisions of Sections 607.05	02 and 607 1508 Florid	la Statutes the s	hove	-named corr	poration submits this statement for the nurnose o	f changing i	ts registered
office or r	egistered agent, or both, in the State	e of Florida. Such chang	e was authorize	d by	the corporati	ion's board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the oblig	ations of Section 607.0	505, Florida Sta	tutes.	•	4/91	100	
SIGNATURE	Moulan X-41	ul-					99	
	Signature, typed or printed name of registered ag				t signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
12.		ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	<del></del>
TITLE	P						_ change	,
NAME	REISCH, LYNNE			IAME				
STREET ADDRESS	1205 PEPPERTREE DR		1.3 S	TREET	ADDRESS			
CfTY-ST-ZIP	SARASOTA FL			TY-ST	T-ZIP			
TITLE	ST	□ DE	LETE 2.1 T	ITLE			Change	e ☐ Addition
NAME	REISCH, MARTIN		2.2 N	IAME				
STREET ADDRESS	1205 PEPPERTREE DR		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.40	CITY-S	T-ZIP			
TITLE		□ DE					☐ Change	e Addition
NAME			3.2 N	AME				
STREET ADDRESS					ADDRESS			
				CITY-S	1			
CITY-ST-ZIP		□ DE			1-29		☐ Change	e Addition
TITLE		السا السا						
NAME				WAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	-			ITY-ST	T-ZIP			
TITLE		☐ DE			1		Change	e Addition
NAME			į.	IAME	·			
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP			5.4 0	ITY-\$1	T-ZIP			
TITLE		☐ DE	LETE 6.1 T	TLE			Change	e 🔲 Addition
NAME			6.2 N	IAME				
STREET ANDRESS			6.3 \$	TREET	ADDRESS			

6.4 CITY-ST-ZIP 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: