

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:41

DOCUMENT # J94085 (4)
1. Corporation Name
BEST UNIFORM SERVICE OF CENTRAL FLORIDA, INC.

Principal Place of Business
**4302 E 10TH AVE
B204
TAMPA FL 33605**

Mailing Address
**P.O. BOX 2475
BRANDON FL 33509-2475**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1987	3a. Date of Last Report 04/18/1994
21		26		4. FEI Number 59-2844955	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEINBERGER, DAVID 4302 E 10TH AVE. B204 TAMPA FL 33605		P.O. BOX 2475 BRANDON, FL 33509-2475	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERGER, DAVID	1.2 NAME	
STREET ADDRESS	P.O. BOX 2475 NA	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33509	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WEINBERGER, HEDY	2.2 NAME	
STREET ADDRESS	P.O. BOX 2475 NA	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33509	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

(NOTE: THIS AREA TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

DAVID WEINBERGER 4-8-95 248-0800