

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M67971** (5)
1. Corporation Name
HELLEN'S UNIFORM SHOP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % CALVIN C. GLEATON 1862 THOMASVILLE ROAD TALLAHASSEE FL 32303	Mailing Address % CALVIN C. GLEATON 1862 THOMASVILLE ROAD TALLAHASSEE FL 32303
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2. Principal Place of Business 21 1862 Thomasville Rd Suite, Apt. #, etc. 22 City & State 23 Tallahassee FL Zip 24 32303 Country 25 USA		2a. Mailing Address 26 1862 Thomasville Rd Suite, Apt. #, etc. 27 City & State 28 Tallahassee FL Zip 29 32303 Country 30 USA		3. Date Incorporated or Qualified 02/12/1988 4. FEI Number 59-2874035 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GLEATON, CALVIN C. 1862 THOMASVILLE ROAD TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name Gleaton, Calvin C. 82 Street Address (P.O. Box Number is Not Acceptable) 1862 Thomasville Rd 83 84 City Tallahassee State FL Zip Code 32303
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GLEATON, CALVIN C.	1.2 NAME	Gleaton, Calvin C.
STREET ADDRESS	1850 THOMASVILLE ROAD	1.3 STREET ADDRESS	1862 Thomasville Rd
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee FL 32303
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GLEATON, ANN D.	2.2 NAME	Ann Gleaton, Ann D.
STREET ADDRESS	1850 THOMASVILLE ROAD	2.3 STREET ADDRESS	1862 Thomasville Rd
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tall. FL 32303
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 registered 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: _____

1/24/98

850-222-1542

CR2E034 (10/97)