2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P00000054855** 1. Entity Name AMELIA UNIFORMS, INC. Principal Place of Business Mailing Address 2152 SADLER RD. 2152 SADLER RD. FERNANDDINA BEACH, FL 32034 FERNANDDINA BEACH, FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State Not Applicable 59-3649823 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIPSCOMB, JEANNE Street Address (P.O. Box Number is Not Acceptable) 2152 SADLER RD FERNANDINA, FL 32034 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change ☐ Delete TITLE U00000132217 04/27/04-80037-LIPSCOMB, JEANNE NAME NAME STREET ADDRESS STREET ADDRESS 2152 SADLER RD -009 150.00 CITY-ST-ZIP FERNANDDINA BEACH, FL 32034 CITY - ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete LIPSCOMB, MICHAEL S NAME STREET ADDRESS STREET ADDRESS 2152 SADLER RD FERNANDDINA BEACH, FL 32034 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Jeanne Lipscomb 4/12/04