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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13272** (0)

1. Corporation Name
TODD UNIFORM, INC.

Principal Place of Business Mailing Address

**3668 SOUTH GEYER RD.
ST. LOUIS MO 63127** **3668 SOUTH GEYER RD.
ST. LOUIS MO 63127**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified **02/17/1987** 3a. Date of Last Report **02/14/1994**

4. FEI Number **43-0716977** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 of 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 607.0509, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST SIZE, THOMAS J.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3668 SOUTH GEYER RD. ST. LOUIS MO	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE	PD MAIN, BRUCE W.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3668 SOUTH GEYER RD. ST. LOUIS MO	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE	D TODD, W., CHARLES	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3668 SOUTH GEYER RD. ST. LOUIS MO	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE	D JORDON, RICHARD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3668 SOUTH GEYER RD. ST. LOUIS MO	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE	D RESLER, DAVID	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3668 S. GEYER ROAD ST. LOUIS MO	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		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 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)(b), Florida Statutes. I further certify that the information and data 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 an individual authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Thomas J. Size* *David Resler* *1-17-95* *314-984-0365*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR