SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30788** **(4)**

1. Corporation Name
UNIFORMS MANUFACTURING, INC.

Principal Place of Business	Mailing Address
2177 ORCHARD LAKE ROAD SYLVAN LAKE MI 48320-1749 US	2177 ORCHARD LAKE ROAD SYLVAN LAKE MI 48320-1749 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 938 FEATHERSTONE
2a. Mailing Address (26): 938 FEATHERSTONE
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): PONTIAC, MI
City & State (28): PONTIAC, MI
Zip (24): 48342 AFE
Country (25):
Zip (29): 48342
Country (30):

4. FEI Number: 38-2198994 ☐ 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 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	TUCKER, LAWRENCE	12 NAME	
STREET ADDRESS	2187 ORCHARD LAKE	13 STREET ADDRESS	938 FEATHERSTONE
CITY-ST-ZIP	SYLVAN LAKE MI	14 CITY-ST-ZIP	PONTIAC, MI 48342
TITLE	ST	21 TITLE	☑ Change ☐ Addition
NAME	TUCKER, LINDA	22 NAME	
STREET ADDRESS	2187 ORCHARD LAKE	23 STREET ADDRESS	938 FEATHERSTONE
CITY-ST-ZIP	SYLVAN LAKE MI	24 CITY-ST-ZIP	PONTIAC, MI 48342
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 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 added on an attachment with an address.

SIGNATURE: _____ 7/9/95 810 332 0700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE TUCKER, PRES

0181024 FN