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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P93000072551 (3)

UNIFORM CENTER, INC. Principal Place of Business Mailing Address 2195 JENKS AVENUE PO BOX 109 SUITE A PANAMA CITY FL 32405 PANAMA CITY FL 32402

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

## **FILED** Feb 02 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

10/13/1993

59:3215069

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

<sup>2.1</sup> P	<u> </u>	U	١		ouria y			8. This corporation owes or has paid the current year intangible							
24	25	29 dress of Current Register		30		Personal Property Tax due June 30.  Yes No									
		10. Name and Address of New Registered Agent  81 Name													
BRYANT, ROWLETT W						ame							l		
833 HARRISON AVENUE						2 Street Address (P.O. Box Number is Not Acceptable)									
PANAMA CITY FL 32401						and our residue (i to a box indition is not not epitable)									
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				84	1				- !			. ( ===			
						City					FL	B5 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. hereby accept the appointment as registered agent, i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															
SIGNATURE	; Registered Ag			d	(netetles)			DATE							
12.	13.	ent sig	nature require			HANCES			DECTOR	S IN 10					
TITLE					1.1 TITLE					GES TO OFFICERS AND DIRECTORS IN 12					
NAME		HALIM, JIMMY M. 128								_	Chango				
STREET ADORESS	ear limpary on				T ADOF	FSS			İ						
CITY - ST - ZIP	DANIALA OFFICE				1.4 CITY-ST-ZIP				!						
TITLE					2,1 TITLE							Change	Addition		
NAME	HALIM, JUDY M. 221			22 NAME	2 2 NAME										
STREET ADDRESS	205 AIRPORT RD 2.3 S				2.3 STREET ADDRESS										
CITY-ST-ZIP	PANAMA CITY	ANAMA CITY FL 2 41													
TITLE		DELETE 3.1 T				.   -						Change	Addition		
NAME	3			3.2 NAME	3.2 NAME										
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CITY - ST - ZIP				4.4 CITY - 5	ST- ZIP				!						
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NAME				5.2 NAME					1						
STREET ADDRESS				5.3 STREE	T ADDR	ESS							ļ		
CITY-ST-ZIP				5.4 CITY -	ST-ZIP										
TITLE			☐ DELETE	6.1 TITLE					!		L	Change	L Addition		
NAME				6.2 NAME					i						
STREET ADDRESS				6.3 STREE	r addr	ESS			1						
CITY-ST-ZIP				6.4 CITY - 5											
14. I hereby o	ertity that the inform	ation supplied with this filin	g does not qualify fo	r the exemp	tion	stated in S	ection	119.07(3)(i)	, Florida S	statutes, I furt	ther certify	that the	intormation		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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, Fibrida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

850-769-4882

SIGNATURE: