

1-27-98 B-0764-C

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

FILED

Jan 27 1998 8:00am

Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P93000087820 (5)

1. Corporation Name

UNIFORM CITY CATALOG CORPORATION

Principal Place of Business

Mailing Address

 5610 W. SLIGH AVE.
SUITE 100
TAMPA FL 33634

 5610 W. SLIGH AVE.
SUITE 100
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1994

4. FEI Number

59-3216051

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 4601 W. Comanche Ave

26 4601 W. Comanche Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa FL

28 Tampa FL

24 33614

25 Hlsbro

29 33614

30 Hlsbro

9. Name and Address of Current Registered Agent

 LINN, STEPHEN D
13135 N DALE MABRY
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4601 W. Comanche Ave

83

84 City

Tampa

FL

85 Zip Code

33614

10. Name and Address of New Registered Agent

 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

 D
NAME LINN, STEPHEN I 9
STREET ADDRESS 5610 W. SLIGH AVE.
CITY-ST-ZIP TAMPA FL
☐ DELETE
 D
NAME LINN, JEFFREY
STREET ADDRESS 5610 W. SLIGH AVE.
CITY-ST-ZIP TAMPA FL
☐ DELETE
 D
NAME LINN, CRAIG
STREET ADDRESS 5610 SLIGH AVE
CITY-ST-ZIP TAMPA FL
☐ DELETE
 D
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
 D
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
 D
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
 1.2 NAME
1.3 STREET ADDRESS 4601 W. Comanche Ave
1.4 CITY-ST-ZIP Tampa FL 33614
2.1 TITLE ☒ Change ☐ Addition
 2.2 NAME
2.3 STREET ADDRESS 4601 W. Comanche Ave
2.4 CITY-ST-ZIP Tampa FL 33614
3.1 TITLE ☒ Change ☐ Addition
 3.2 NAME
3.3 STREET ADDRESS 4601 W. Comanche Ave
3.4 CITY-ST-ZIP Tampa FL 33614
4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
6.3 STREET ADDRESS
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 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 on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)