

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000028621 (8)**

1. Corporation Name

UNIFORM SALES, INC.

Principal Place of Business

Mailing Address

**1317 1/2 CENTRAL TERRACE
LAKE WORTH FL 33460
US**

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LAKE WORTH FL 33460
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

65-0488252

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 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITMIRE, DRENNEN L JR.
500 S. AUSTRALIAN, SUITE 900
WEST PALM BEACH FL 33406**

81 Name

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

500 S. AUSTRALIAN AVE, SUITE 800

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DPT
NAME LAROVERE, GERRIDINE
STREET ADDRESS 7701 EDGEWATER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL**

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS 7509 NEMEC DRIVE NORTH
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406**

TITLE ☐ DELETE

**DVS
NAME LAROVERE, RONALD F.
STREET ADDRESS 7701 EDGEWATER DRIVE
CITY-ST-ZIP W. PALM BEACH FL**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS 7509 NEMEC DRIVE NORTH
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33406**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
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: **Ronald F. LaRovere** 4/19/98 861-547-6115

CR2E034 (10/97)