

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000003904 (6)

1. Corporation Name

UNIFORMS P.R.N., INC.



Principal Place of Business

40186 US HWY 19 N
TARPON SPRINGS FL 34689

Mailing Address

40186 US HWY 19 N
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FL Number

59-3291350

Applied For

Not Applicable

21

26

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VINSON, WILLIAM L
110 S LEVIE AVE
TARPON SPRINGS FL 34689

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

Signature typed or printed name of registered agent and filed if applicable

Signature typed or printed name of registered agent and filed if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FISHER, LORRAINE
STREET ADDRESS 1126 LANCER LN
CITY-STATE-ZIP TARPON SPRINGS FL 34689

☒ DELETE

1. TITLE SECRETARY
2. NAME ROBERT W FISHER
3. STREET ADDRESS 1126 LANCER LANE
4. CITY-STATE-ZIP TARPON SPRINGS, FL 34689

☐ Change ☒ Addition

TITLE D
NAME SLAWTER, DOLORES S
STREET ADDRESS 1004 BEAVER DR
CITY-STATE-ZIP TARPON SPRINGS FL 34689

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

☐ Change ☐ Addition

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W FISHER

(813) 942-8899

CR2E034 (12/95)