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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	P95000027632	(5)

UNIFORM EXPRESS, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place 609 SW 6TH AV CAPE CORAL F	VENUE	Mailing Addre 608 SW 6TH AV CAPE CORAL F	ENUE	·	44 h		11 11 (111) (1		
						3. Date Incorporated or Qualified 04/03/1995	3a. Da	te of Last R	eport
2. Principal Pi 21	lace of Business	2a. Mailing Ad	dress			4, FEI Number 65-0574745			oplied For ot Applicable
Suite. Apt	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	e	City & State	е			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
23 Zip	Country 25	Zip	30	ountr	у	B. This corporation has liability for		tax under s.	
24	9. Name and Address of Cur					10. Name and Address of New Re			
DAH	LBERG, RICHARD R			81	Name				
608	S.W. 16TH AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
L CAPI	E CORAL FL 33991			83		<u> </u>			
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Flo	rida Statutes, the	abov	e-named cor	rporation submits this statement for the	ourpose of	changing it	s registered
I office or r	egistered agent, or both, in the St rn familiar with, and accopt the of	ate of Florida. Such chi	anne was author	zed b	v the corpora	ation's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE	11.10011	RICHAG	. 7 .		eR6	Pas.	-	4-29.6	70
	Signature, typical or printed name of registeres	ent and title if applicable				uired when reinstating)	DATE		
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFI	CERS AND		
1171.6	D	Ц	DELETE 1	1 TITLE				L Change	☐ Addilion
NAME	DAHLBERG, RICHARD R		1	2 NAME	-				
STREET ADDRESS	608 S.W. 16TH AVENUE				T ADDRESS				
CHTY-ST-ZIP	CAPE CORAL FL 33991			4 CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Taline
THILE			I .	1 TITLE				Change Change	Addition
NAME			1	2 NAME	i i				
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4 CITY - 1 TITLE	ST-ZIP			Change	Addition
NAME		L		2 NAME		. 1	*	Amaigo	
STREET ADDRESS			1		T ADDRESS				
CHY-S1-ZiP					ST-ZIP				
TITLE				1 TITLE	91-EII			Change	Addition
NAME			P 1	2 NAME					
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CHTY - ST - ZiF				4 CITY-	ľ				
TITLE				1 TITLE				Change	Addition
NAME			5	2 NAME	-				
STHEET ADDRESS			5	3 STREE	T ADDRESS				
CrTY-ST-7)P				4 CITY-	ST-ZIP				
TILÉ			DELETE 6	1 TITLE	···			Change	☐ Addition
NAME			6	2 NAME	\ \ \				
STREET ACIDRESS			6	3 STREE	T ADDRESS				
City-St-Ze				4 CITY-					
14. I do herel	by certify that the information sup-	plied with this filing doe	s not qualify for	he ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I furthe	certify that	the

I do 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 principal. or on an axis himself with an address.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

4-29-97

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