May-18-99 10:29A Susan Kirschner 8:

05071999-90160-002-$150.00-$150.00

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90160 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

578748 - 90007 - 23

DOCUMENT # P95000062475

1. Corporation Name
UNIFORM CITY - SOUTHEAST, INC.

Principal Place of Business	Mailing Address
1410 NORTHEAST 163RD ST ~~44541 ANCHORETTE ROAD~~ NORTH MIAMI BEACH FL 33162 US	% MR. STEPHEN D. LINN 14511 ANCHORETTE ROAD TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1410 Northeast 163rd St
Suite, Apt. #, etc.
22
City & State
23 North Miami Beach, FL
Zip 24 33162 Country 25 USA

2a. Mailing Address
26 4601 W. Comanche Ave
Suite, Apt. #, etc.
27
City & State
28 Tampa FL
Zip 29 33614 Country 30 Hillsborough

3. Date Incorporated or Qualified
06/11/1995

4. FEI Number
59-3331073
☐ 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 the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LINN, STEPHEN D
14511 ANCHORETTE ROAD
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name RUSSELL THOMAS
82 Street Address (P.O. Box Number is Not Acceptable) 100 NORTH TAMPA STREET
83 SUITE 3500
84 City TAMPA FL 85 Zip Code 33602

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] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LINN, STEPHEN D		1.2 NAME		
STREET ADDRESS	5610 W. SLIGH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LINN, JEFFREY		2.2 NAME		
STREET ADDRESS	5610 W. SLIGH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LINN, CRAIG		3.2 NAME		
STREET ADDRESS	4601 W COMANCHE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33614		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] JEFFREY N. LINN 813-249-2525
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #