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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093101 (8)

THE UNIFORM MAN, INC.

Principal Place of Business • Mailing Address

11362 PROSPERITY FARMS ROAD STE. 227 11382 PROSPERIT
PALM BEACH GARDENS FL 33410 PALM BEACH GA

Country

11382 PROSPERITY FARMS ROAD STE. 227

9. Name and Address of Current Registered Agent

25

PALM BEACH GARDENS FL 33410

MILLER, MORRIS G

11382 PROSPERITY FARMS ROAD STE. 227 PALM BEACH GARDENS FL 33410

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Apr 27 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/23/1997 ✔ Applied For 4. FEI Number Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes Name and Address of New Registered Agent

Zip Code

85

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

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.

Country

81 Name

83 City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
40	Signature, typed or printed name of registered agent and title it applicable OFFICERS AND DIRECTORS	(NOTE: Re	gistered Agent signature	required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	C IM 12
12.		DELETE		Change	Addition
TITLE		DELETE	1.11111.6	C. Change	Audition
NAME	Denti Miller		1.2 NAME		
STREET ADDRESS	7822 Cas CANAS CO		1.3 STREET ADDRESS		
CITY-ST-ZIP	Tenul Miller 7822 Las Canas Ct Jacksonville, PC 32256		1.4 CITY - ST - ZIP		
TITLE	Via President	DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	Barry Miller		2.2 NAME		
STREET ADDRESS	POLBOX 752 NIA		2.3 STREET ADDRESS		
CITY-ST-ZIP	Bandan, OR 97411		2.4 CITY - ST - ZIP	to the second se	
TIFLE		DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	Mornson Miller 2690 Taule Drive		3.2 NAME		
STREET ADDRESS	2690 Taule Drive		3.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Beach Ocodas, ML 3341	C	3.4. CITY - ST - ZIP		
TITLE	17823070-	DELETE	4.1 TITLE	☐ Change	■ Addition
NAME	Marns G. Miller		4. 2 NAME		
STREET ADDRESS	2690 Taule Drive		4.3 STREET ADDRESS		
CITY - ST - ZIP	2690 Tarle Drive Para Beach Forder, 12 33410)	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		!

14. Thereby 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.

6.4 CITY - ST - ZIP

SIGNATURE: Man = 1.11

4-3-98 561-625-1800