


PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90093 023 ***150.00

**DOCUMENT # P98000031640**
 1. Corporation Name
BARGAIN UNIFORMS, INC.

 Principal Place of Business
5811 N. 50TH ST.
TAMPA FL 33610

 Mailing Address
5811 N. 50TH ST.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/03/1998

4. FEI Number

59-3508915

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

7. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

GLASSER, JOY-LYNN
5811 N. 50TH ST.
TAMPA FL 33610

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 title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
 NAME **GLASSER, THOMAS L**
 STREET ADDRESS **5811 N. 50TH ST.**
 CITY-ST-ZIP **TAMPA FL 33610**
TITLE **D** ☐ DELETE
 NAME **GLASSER, JOY-LYNN**
 STREET ADDRESS **5811 N. 50TH ST.**
 CITY-ST-ZIP **TAMPA FL 33610**
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition1.2 NAME **ROGER G. GLASSER**1.3 STREET ADDRESS **5811 N. 50TH ST**1.4 CITY-ST-ZIP **TAMPA, FL 33610**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 1/99

CR2E034 (11/98)