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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V12782

1. Corporation Name

UNIFORMS TOO, INC.

Principal Place of Business				Mailing Address					 •••••			
737-B BEAL PARKWAY				737-B BEAL PARKWAY								
FT. WALTON BEACH FL 32547			FT	FT. WALTON BEACH FL 32547				DO NOT WRITE IN THIS SPACE				
`								3. Date Incorporated or Qualifed 02/07/1992				
2. Principal Place of Business			2a	2a. Mailing Address				4. FEI Number		App	lied For	
21			26					59-3144361		Not	Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired -	te of Status Desired - Status Desired Fee Required			
City & State				City & State				6. Election Campaign Financing			/lay Be	
3			28	L				Trust Fund Contribution Added to Fees				
Zip	` — ·			Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.				
4 25 9. Name and Address of Current F			29	30				Personal Property Tax.				
	9. Name	and Address of Current	Kegi	stered Agent		81	Name	To. Name and Address of New Registe	TOU AGOIN			
MCN	IEW, LYND/	A W.				Ľ						
737-B BEAL PARKWAY				82			Street Addres	ss (P.O. Box Number is Not Acceptable)				
FT. V	WALTON BE	EACH FL 32547				83		_ .			·	
						84	City		FL 85	Zip C	ode	
office or n	registered ago ım familiar wi	ent, or both, in the State of th, and accept the obligat	if Flori	da. Such change was a f, Section 607.0505, Flo	uthorize rida Sta	ed by itutes	the corporation	ration submits this statement for the purpos 's board of directors. I hereby accept the a	ррошинен	as reg	istered	
40	Signature, typed	or printed name of registered agen			13.		t signature required	ADDITIONS/CHANGES TO OFFICERS		FCTOR	RS IN 12	
TITLE	PSD	OFFICERS AN	אוט כ	DELETE	_	TITLE		ADDITIONATORIANOES TO STITUE IN			Addition	
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NAME !	MCNEW,				1		ADDRESS.					
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90064 038 ***150.00