

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 127175 (8)

1. Corporation Name  
**MACINTOSH LINEN & UNIFORM RENTAL, INC.**



Principal Place of Business: 515 N 12TH ST ALLENTOWN PA 18102  
Mailing Address: 515 N 12TH ST ALLENTOWN PA 18102

2. Principal Place of Business: 21 1202 Allen Street, 22 Allentown Pa., 23 18102, 24 USA  
2a. Mailing Address: 26 1202 Allen Street, 27 Allentown Pa., 28 18102, 29 USA

3. Date Incorporated or Qualified: 01/14/1933  
3a. Date of Last Report: 02/14/1995  
4. FEI Number: 59-6065110  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SKINNER, HALCYON E.  
3300 BARNETT CENTER  
50 NORTH LAURA STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 approved by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11a. TITLE	TS	<input type="checkbox"/> DELETE
11b. NAME	TS GEHRING, CHARLES F.	
11c. STREET ADDRESS	515 N 12TH ST ALLENTOWN PA	
11d. CITY, ST, ZIP	PD	
11e. TITLE	PD	<input type="checkbox"/> DELETE
11f. NAME	RODGERS, JAMES J.	
11g. STREET ADDRESS	515 N. 12TH ST. ALLENTOWN PA	
11h. CITY, ST, ZIP		
11i. TITLE		<input type="checkbox"/> DELETE
11j. NAME		
11k. STREET ADDRESS		
11l. CITY, ST, ZIP		
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13b. NAME	
13c. STREET ADDRESS	1202 Allen Street Allentown, Pa. 18102
13d. CITY, ST, ZIP	
13e. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13f. NAME	
13g. STREET ADDRESS	1202 Allen Street Allentown, Pa. 18102
13h. CITY, ST, ZIP	
13i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j. NAME	
13k. STREET ADDRESS	
13l. CITY, ST, ZIP	
13m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13n. NAME	
13o. STREET ADDRESS	
13p. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of duties in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 registrar or trustee or authorized to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *C.F. Gehring* C.F. Gehring Secretary/Treasurer 3-21-96 (610) 437-5435 x202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)