

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 846114 (7)

1. Corporation Name

RENTAL UNIFORM SERVICE OF ALBANY, INC.



Principal Place of Business

1700 WESTOWN ROAD  
P O BOX 4169  
ALBANY GA 31706

Mailing Address

14115 LOVERS LANE  
CULPEPPER VA 22701

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

RUBINO, MACK  
6516 NW 18TH DRIVE  
GAINESVILLE FL 32653

3. Date Incorporated or Qualified

06/02/1980

3a. Date of Last Report

08/09/1995

4. FEI Number

58-1313973

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name of New Registered Agent

Address

81

Name

Mark Rubino

82

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

6516 N.W. 18th Drive

83

84

City

Gainesville

FL

85 Zip Code

32653

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

Mark D. Rubino

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/23/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

MYERS, ALAN  
14115 LOVERS LANE  
CULPEPPER VA 22701-G

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

STD

FLOYD, JAMES E JR  
14115 LOVERS LANE  
CULPEPPER VA

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

CHAPMAN, CRAIG  
1700 WESTOWN RD  
ALBANY GA

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

LANE, STEPHEN B  
14115 LOVERS LANE  
CULPEPPER VA

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

THOMSON, LARRY E  
14115 LOVERS LANE  
CULPEPPER VA

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

Lynn Shackley  
229 E. College St. Suite E  
Griffin GA 30223

5-1-96

AB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

James E. Floyd Jr

James E. Floyd Jr

4/14/96

Date

Daytime Phone #

(340) 825-6800

CR2E034 (12/95)