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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 22701-4172



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
06/02/1980

3a. Date of Last Report  
05/01/1996

4. FEI Number  
58-1313973

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  
RUBINO, MARK  
6516 NW 18TH DRIVE  
GAINESVILLE FL 32653

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		11 TITLE		Change	Addition
NAME	MYERS, ALAN			12 NAME			
STREET ADDRESS	14115 LOVERS LANE			13 STREET ADDRESS			
CITY-ST-ZIP	CULPEPPER VA 22701-G			14 CITY-ST-ZIP			
TITLE	STD	DELETE		21 TITLE		Change	Addition
NAME	FLOYD, JAMES E JR			22 NAME			
STREET ADDRESS	14115 LOVERS LANE			23 STREET ADDRESS			
CITY-ST-ZIP	CULPEPPER VA			24 CITY-ST-ZIP			
TITLE	V	DELETE		31 TITLE		Change	Addition
NAME	CHAPMAN, CRAIG			32 NAME			
STREET ADDRESS	1700 WESTOWN RD			33 STREET ADDRESS			
CITY-ST-ZIP	ALBANY GA			34 CITY-ST-ZIP			
TITLE	D	DELETE		41 TITLE		Change	Addition
NAME	LANE, STEPHEN B			42 NAME			
STREET ADDRESS	14115 LOVERS LANE			43 STREET ADDRESS			
CITY-ST-ZIP	CULPEPPER VA			44 CITY-ST-ZIP			
TITLE	D	DELETE		51 TITLE		Change	Addition
NAME	THOMSON, LARRY E			52 NAME			
STREET ADDRESS	14115 LOVERS LANE			53 STREET ADDRESS			
CITY-ST-ZIP	CULPEPPER VA			54 CITY-ST-ZIP			
TITLE	V	DELETE		61 TITLE		Change	Addition
NAME	SHOCKLEY, LYNN			62 NAME			
STREET ADDRESS	229 EAST COLLEGE STREET SUITE E			63 STREET ADDRESS			
CITY-ST-ZIP	GRIFFIN GA 30223			64 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *James E. Floyd Jr.* REQUIRED  
4-24-97 540.825-6800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James E. Floyd Jr. Date Daytime Phone #

CR2E034 (9/96)