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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # F86246**

CUSTOM	I UNIFORM SERVICE, INC.						
Principal Plac	e of Business	Mailing Address			1 (1991) 80 118) (1914 6)(10 119)1 61610 1111 1119)	1 A1811 BIBN BIBN BIB	III BIEII (EBI
600 DIXIE DRIVE P.O. BOX 625737 PENSACOLA FL 32503 CINCINNATI OH 45262-5737							
					DO NOT WRITE IN THE	1IS SPACE	
					3. Date Incorporated or Qualifed		
		- 1 A 11			06/22/1982		-Und Faa
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	H- H- **	plied For t Applicable
21	#	Suite, Apt. #, etc.			59-2202304	\$8.75 A	
					5. Certificate of Status Desired	Fee Rec	- 1
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	 -
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25 29		30		Personal Property Tax.		
	9. Name and Address of Curren	<u> </u>			10. Name and Address of New Register	ed Agent	
			81	Name			
C T CORPORATION SYSTEM				Stroot Add	ress (P.O. Box Number is Not Acceptable)	·	·
1200 SOUTH PINE ISLAND ROAD			82	Ollegi Addi	ress (F.O. box Number is Not Acceptable)		
Plan	ITATION FL 33324		83				,
			04	0.11		. 85 Zip C	`ada
			84	City	F	- L 85 Zip C	,oue
officé or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was authorions of, Section 607.0505, Florida	orized by Statutes	the corporate	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	gistered
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	r signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	DELETE 1.1			7,5517,5715-11,7715-15	Change	Addition
NAME	FARMER, SCOTT D		1.2 NAME				!
STREET ADDRESS			1.3 STREET	ADORESS			
	CINCINNATI OH 45262		1.4 CITY-ST				
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	1-21		☐ Change	☐ Addition
NAME	FARMER, ROBERT T		2.2 NAME	E	armer, Richard T.		
STREET ADDRESS	AFAF FOY OLUB LAME		2,3 STREET		an there is not an armore in		
CITY-ST-ZIP	CINCINNATI OH 45255	_	2.4 CITY-S		and the second s		
TITLE	D	☐ DELETE	3.1 TITLE	·		☐ Change	Addition
NAME	KOHLKEPP, ROBERT J		3.2 NAME			,	
STREET ADDRESS	ALLIANI BORE		3.3 STREET	ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45255		3.4. CITY-S	T-ZIP			
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	JEANMOUGIN, DAVID T		4, 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST CHESTER OH 45069		4.4 CITY-ST	T-ZIP			
TITLE	T	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME	CARNAHAN, KAREN L		5.2 NAME	ļ			
	6800 CINTAS BLVD		5.3 STREET	ADORESS			
CITY-ST-ZIP	CINCINNATI OH 45044	j	5.4 CITY - S	T-ZIP			
TITLE	V	☐ DELETE	6.1 TITLE			Change	☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP

GALE, WILLIAM C

CINCINNATI OH 45044

STREET ADDRESS 6800 CINTAS BLVD

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90059 026 ***150.00

CR2E034 (11/98)