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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # F9500001702 (8)							
1. Corporation	Tions.	•	,				
RENTA	AL UNIFORM SERVICE OF M	MOBILE INC					
					<u> </u>	<b>i i i i i i i i i i i i i i i i i i i </b>	
Principal Place	of Business	Mailing Address		III	DANDO BARBADAN DARAH DORAH DA		
PO BOX 1409		PO 80X 1409		7(	200018	36537	
FAIRHOPE A		FAIRHOPE AL 36533		-	05/23/96~-01	1021025	
				3. Date in	**4117 FI	3a. Date of Last F	Report
				1	07/1995	Zoto or Edot	юроп
2. Principal Pia	ce of Business	2a. Mailing Address		4. FEI Nur	nber		Applied For
21 Cuito Ant #	L ata	26		63	3-0874615		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	vers Lar	5. Certifica	ite of Status Desired	1 1 7	5 Additional
City & State		City & State	vers lar		Campaign Financing		Required
23		28 Culpepe	r VA	<b>I</b>	nd Contribution	1 1 7	00 May Be ed to Fees
Zip	Country	Zip	Country	8. This coi	poration has liability for		
24	25		30			s 🔲 No	
	9. Name and Address of Current	Hegistered Agent	81 Nanie		and Address of New I	Registered Agent	
DAI TOC	31 MIVE				Rubino		
BALTZELL, MIKE 6322 NW 18TH DR. #170					lumber is Not Accepta	ble)	
GAINESVILLE FL 32653				SIP N.N	1 18+6	DY	
			84 Cit/2)				
				ainasvii	le	上上一一会	ip Code 2653
<ol> <li>Pursuant to or registere</li> </ol>	the provisions of Sections 607.0502 and agent, or both, in the State of Florida	nd 607.1508, Florida Statutes	, the above named co	propriation submits the	nis statement for the pu		
familiar with	r, and accept the boligations or, Section	607.0505, Florida Statutes.	by the corporation's	board of directors.	nereby accept the app	continent as registered	d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent as	lene	· Begistered Agent signature re			4/23/96	
12.	OFFICERS AND		Heigistered Agent signature is	equired when reinstating:		DATE	
TITLE		DIMEGIONS	13.	ADDITIO	NS/CHANGES TO DE	FICERS AND DIRECTO	10 IN 12
NAME	С	DELETE	13. 1. 1 TITLE	ADDITIC	NS/CHANGES TO OFF	FICERS AND DIRECTO	DRS IN 12
NAME	MYERS, ALAN				NS/CHANGES TO OFF		
STREET ADDRESS	MYERS, ALAN 14115 LOVERS LANE ROAD		1, 1 TITLE		NS/CHANGES TO OFF		
STREET ADDRESS City-St-Zip	MYERS, ALAN 14115 LOVERS LANE ROAD CULPEPER VA 22701	□ DELETE	1. 1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P	NS/CHANGES TO OFF	Change	
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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 enipowered 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.

GNATURE:

GNATURE:

GNATURE AND TYPED OR PRINTED PLANE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(540)835-680