

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

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 # **F95000001702 (8)**

1. Corporation Name

RENTAL UNIFORM SERVICE OF MOBILE INC

Principal Place of Business

Mailing Address

**PO BOX 1408
FAIRHOPE AL 36533**

**14115 LOVERS LANE
CULPEPPER VA 22701-4172**



3. Date Incorporated or Qualified

04/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

63-0874615

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

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

10. Name and Address of New Registered Agent

**RUBINO, MARK
6516 NW 18TH DRIVE
GAINESVILLE FL 32653**

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MYERS, ALAN	
STREET ADDRESS	14115 LOVERS LANE ROAD	
CITY - ST - ZIP	CULPEPPER VA 22701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMSON, LARRY	
STREET ADDRESS	14115 LOVERS LANE ROAD	
CITY - ST - ZIP	CULPEPPER VA 22701	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FLOYD, JIM	
STREET ADDRESS	14115 LOVERS LANE ROAD	
CITY - ST - ZIP	CULPEPPER VA 22701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHOCKLEY, LYNN	
STREET ADDRESS	229 EAST COLLEGE STREET SUITE E	
CITY - ST - ZIP	GRIFFIN GA 30223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STEPHEN B. LANE	
13 STREET ADDRESS	14115 LOVERS LANE	
14 CITY - ST - ZIP	CULPEPPER VA 22701	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JR Floyd, JR**

4-24-97 540-825-6800

Date

Daytime Phone #

0506376

CR2E034 (9/96)