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

PROFIT CORPORATION ANNUAL REPORT

1997



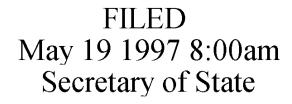
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F96000001943 (7)

RENTAL UNIFORM SERVICE OF STATE COLLEGE, INC.



14115 LOVE		Mailing Address 14115 LOVERS LANE CULPEPPER VA 22701 4172		<u>.</u>			11		
CULPEPPER	VA ZETOI	COLFEREN VA 22/01-41/2	•			3. Date incorporated or Qualified	3a. Da	ate of Last I	Report
9 Principal	Place of Business	2a. Mailing Address	·			04/18/1996 4. FEI Number		7 7	nation For
2. This part lace of Business 26						25-1235718	Applied For Not Applicable		
Suite, Ar	ot #, etc	Suite, Apt. #, etc.							Additional
22	22				'	5. Certificate of Status Desired			tequired
City & St	ate	City & State	ity & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zφ	Country	Zip	Count	ry	1	8. This corporation has liability for	intangible	tax under	s. 199.032,
24	25 29 30		30			Florida Statutes Pos No			
	9. Name and Address of Cur	rent Registered Agent		at in		0. Name and Address of New R	egistered /	Agent	
	JBINO, MARK		8	1 Name					
% RUS OF GAINESVILLE				2 Street	Address	ress (P.O. Box Number is Not Acceptable)			
6516 N.W. 18TH DRIVE				<del></del>					
G/	AINESVILLE FL 32653		6	1					
			8	6 City			FL	<b>85</b> Zip	Code
44 0	nt to the provisions of Sections 607.0 r registered agent, or both, in the St am familiar with, and accept the ob-	EO2 and EO7 1500 Florida Statute	- the abo	10 = 0 mon	d corners	ion submits this statement for the		changing	ite registered
12.	Signature, specific ponted name of registered OFFICERS /	OFFICERS AND DIRECTORS  P		13.		nen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO Change	
TITLE	MYERS, ALAN	[] DELETE	1.7 NAMI		AICE	SHOCKLEY		L Change	(K) Vacation
STREET ADDRES	A A A A D A CONTROL A A A A A A A A A A A A A A A A A A A			: Et address	14115	LOUERS LANE			
CHY-SI-ZIP	CULPEPER VA		1,4 CITY			HER, V4 27701			
THE	STD	DELETE	2.1 TITLE		1			☐ Change	Addition
NAME	FLOYD JR, JAMES E		22 NAMI						
STREET ADDRES			2.3 STRE	ET ADDRESS	ĺ				
CITY - ST - ZIP	CULPEPER VA		2. 4 CITY	-ST-ZIP					
TITLE	CD	DELETE	3.1 TITLE		_			Change	Addition
NAME	LANE, STEPHEN B		3.2 NAMI		1				
STHEET ADDRES	1 11110 00 10110		33 STRE	et address	<b>[</b>				
CITY-ST-ZIP	CULPEPER VA	G OF FTF	3.4 CITY		<del> </del>			Chance	
TITLE	D LAME STEVE	DELETE	4.1 TITLE		1			L Change	Addition
NAME CORES MESOS	LANE, STEVE  14115 LOVERS LANE		4. 2 NAM						
STREET ADDRES	CULPEPER VA		1	ET ADDRESS	}				
TITLE	D COUPEREN VA	DELETE	4.4 CITY		+			Change	Addition
NAME	THOMSON, LARRY	no vecto	5.2 NAMI						burne - receipt
STREET ADDRES				ET ADDRESS					
CITY-ST-ZIP	CULPEPER VA		5.4 CITY		1				
TITLE	V	DELETE	6.1 TITLE	<del></del>	<del> </del>			Change	Addition
NAME	ZEPP, BARRY		6.2 NAM					,	
STREET ADDRES				ET ADDRESS					
City-St-7iP	CULPEPER VA		6.4 CITY	·ST-ZIP					
	reby certify that the information supp	lied with this filing does not qualif			ctotod in	Caption 410 07/21/il Florida Statut	oc I further	continue	ttho

4. 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 transped, or on an attachment with an address.

SIGNATURE:

MINDERLOUIRE

REQUIRED

4-24-97 540-825-680

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