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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800000789

Corporation Name

RENTAL UNIFORM SERVICE, INC.

						111 BB(1) 68111 EB1() (8621 (8116 (81) 186)	
Principal Place of Business Mailing Address							
14115 LOVERS LANE 14115 LOVERS LANE							
CULPEPPER VA 22701 — GULPEPPER VA 22701				~~~·	DO NOT WRITE IN THIS SPACE		
Culpeper VA 22701 Culpeper VA			/H Z	210	3. Date Incorporated or Qualifed		
'					02/10/1998		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26					NOT APPLICABLE 54-0		
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional	
27					3. Controcto di mana	Fee Required	
City & State City & State				N / N	6. Election Campaign Financing	\$ 5.00 May Be	
23 (4)	Deper VA	28 CU PEPEL		<u> </u>	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current		
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
DUD	NO MADY		81	Name			
RUBINO, MARK			82	Street A	Address (P.O. Box Number is Not Acceptable)		
2215 INTERSTATE DRIVE					<u> </u>		
LAKELAND FL 33805			83				
1	No Company		84	City		85 Zip Code	
			54	City		FL S S S S S S S S S	
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							
l office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	f Florida. Such change was auth	orized by	tne corpo	ration's board of directors. I hereby accept the	appointment as registered	
(Translat with, and accept the obligati	5/13 6/1 CCC01011 667.5000, 1 101100	- Olisiatos				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agen	t signature re	equired when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		VD	Change Addition	
NAME	MYERS, ALAN		1.2 NAME		Newton, JS	•	
STREET ADDRESS	14115 LOVERS LANE		1.3 STREET	ADDRESS	14115 Lovers Lane		
CITY-ST-ZIP	CULPEPPER VA		1.4 CITY-S	T-ZIP	Culpeper VA 2270	l	
TITLE			2.1 TITLE		STD	Change Addition	
NAME	MCNEMAR, JAMES		2.2 NAME			•	
STREET ADDRESS	14115 LOVERS LANE		2.3 STREET	ADDRESS	Floyd Jr, James E 14115 Lovers Lane		
CITY-ST-ZIP			2. 4 CITY-S	T-7IP	Culpeper VA 22701	\	
TITLE	ST	☐ DELETE	3.1 TITLE		ASST, Secretary	☐ Change Addition	
NAME	FLOYD JR. JAMES E		3.2 NAME	ŀ	Neldon L. Jarvis	• •	
STREET ADDRESS	14115 LOVERS LANE		3.3 STREET	ADDRESS	14115 Lovers Lane		
	CULPEPPER VA		3.4. CITY-S	- 1	(ulponer VA 22701	,	
CITY-ST-ZIP	CD	☐ DELETE	4.1 TITLE	11-211	Asst, Secretary/D	Change Addition	
ł I	LANE, STEPHEN B	<u></u>	4.2 NAME			/~	
NAME	14115 LOVERS LANE		i .	ADDDESS	Lane, Stephen B 14115 Lovers Lane		
STREET ADDRESS	CULPEPPER VA		4.3 STREET	- 1	14112 COOCS CO. 10 2020	1	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	I-ZIP	Culpeper VA 2270	☐ Change ☐ Addition	
TITLE	D MENTON LC		5.1 TITLE 5.2 NAME				
NAME	NEWTON, J S 14115 LOVERS LANE			r annocce			
I STREET ADDRESS	14115 LUVERS LANE		5.3 STREE	MUUKESS			

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.

6.1 TITLE

6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

CULPEPPER VA

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

5/3/99

(540)825-**68**00

☐ Change

Addition

Daytime Phone #

May 08, 1999 8:00 am Secretary of State

05-08-1999 90066 031 ***150.00

R2F034 (11/98)