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Feb 18, 1999 8:00am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000005831

1. Corporation Name

CINTAS FIRST AID & SAFETY INC.

Principal Place of Business

6800 CITRUS BLVD  
CINCINNATI OH 45262

Mailing Address

6800 CITRUS BLVD  
CINCINNATI OH 45262

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

33-0196033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6800 Cintas Blvd

Suite, Apt. #, etc.

22 City & State

23 Cincinnati, OH

24 Zip 45262 25 Country USA

2a. Mailing Address

26 6800 Cintas Blvd

Suite, Apt. #, etc.

27 City & State

28 Cincinnati, OH

29 Zip 45262 30 Country USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 CEOD ☐ DELETE

NAME KOHLHEPP, ROBERT J

STREET ADDRESS 6800 CINTAS BLVD

CITY-ST-ZIP CINCINNATI OH

TITLE P ☐ DELETE

NAME FARMER, SCOTT D

STREET ADDRESS 6800 CINTAS BLVD

CITY-ST-ZIP CINCINNATI OH

TITLE VD ☐ DELETE

NAME FARMER, RICHARD T

STREET ADDRESS 6800 CINTAS BLVD

CITY-ST-ZIP CINCINNATI OH

TITLE VSD ☐ DELETE

NAME JEANMOUGIN, DAVID T

STREET ADDRESS 6800 CINTAS BLVD

CITY-ST-ZIP CINCINNATI OH

TITLE V ☐ DELETE

NAME GALE, WILLIAM C

STREET ADDRESS 6800 CINTAS BLVD

CITY-ST-ZIP CINCINNATI OH

TITLE V ☐ DELETE

NAME POLLAK, DAVID

STREET ADDRESS 6800 CINTAS BLVD

CITY-ST-ZIP CINCINNATI OH

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)