

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P18215 (4)

1. Corporation Name

CINTAS CORPORATION NO. 1



Principal Place of Business

6800 CINTAS BLVD.
P.O. BOX 625737
CINCINNATI OH 45262-2737

Mailing Address

6800 CINTAS BLVD.
P.O. BOX 625737
CINCINNATI OH 45262-2737

3. Date Incorporated or Qualified

02/29/1988

3a. Date of Last Report

10/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

31-1188918

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

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 ☐ DELETE

NAME
CFO
WILLIAM, GALE
STREET ADDRESS
6800 CINTAS BLVD
CITY-ST-ZIP
CINCINNATI OH

TITLE ☐ DELETE

NAME
VD
FARMER, RICHARD T.
STREET ADDRESS
6800 CINTAS BLVD
CITY-ST-ZIP
CINCINNATI OH

TITLE ☐ DELETE

NAME
S
SCHEIDT, JILL G.
STREET ADDRESS
6800 CINTAS BLVD
CITY-ST-ZIP
CINCINNATI OH

TITLE ☐ DELETE

NAME
T
CARNAHAN, KAREN
STREET ADDRESS
6800 CINTAS BLVD
CITY-ST-ZIP
CINCINNATI OH

TITLE ☐ DELETE

NAME
D
COLETTI, ROBERT E
STREET ADDRESS
6800 CINTAS BLVD
CITY-ST-ZIP
CINCINNATI OH

TITLE ☐ DELETE

NAME
D
KLEKAMP, DONALD P.
STREET ADDRESS
6800 CINTAS BLVD
CITY-ST-ZIP
CINCINNATI OH

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

513-573-4013

Date

Daytime Phone #

CR2E034 (12/95)