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

**PROFIT** CORPORATION **ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

CINTAS CORPORATION NO. 1

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address  6800 CINTAS BLVD.  6800 CINTAS BLVD.					
6800 CINTAS BLVD. P.O. BOX 625737 CINCHINATI OH 45262-2737		6800 CINTAS BLVD. P.O. BOX 625737 CINCINNATI OH 45262-2737			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
					02/29/1988
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			31-1188918 Not Applicable
Suite, Apt.	#, <b>e</b> 1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State City & 28		City & State	/ & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 45262	Country 25	7ip Cou 29 45262- 5737 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
	9. Name and Address of Curren				10. Name and Address of New Registered Agent
CT	CORPORATION SYSTEM		81	Name	
1200 S. PINE ISLAND ROAD			82	Street	t Address (P.O. Box Number is Not Acceptable)
PLA	NTATION FL 33324		83		
			84	City	let 7'n Code
			04	City	FL 85 Zip Code
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was author	orized by	the corp	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	·				
	Signature, typed or printed name of registered age			nt signature	re required when reinstaling) DATE
12.	OFFICERS AND	···	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	WILLIAM, GALE	ריים מלונות	1.2 NAME		Li change Li Abbitott
STREET ADDRESS	6800 CINTAS BLVD		1.3 STREET	ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-S		
TITLE	VD		2.1 TITLE		Change Addition
NAME	FARMER, RICHARD T.		2.2 NAME	}	
STREET ADDRESS	6800 CINTAS BLVD		2.3 STREE1	ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		2. 4 CITY- S	i - ZIP	
TITLE	8	☐ DELETE	3.1 TITLE		Change Addition
NAME	SCHEIDT, JILL G.		3.2 NAME		
STREET ADDRESS	6800 CINTAS BLVD	· ·	3.3 STREET	ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		3.4. CITY - 9	iT - ZIP	
TITLE	CARMANAN MARKI		4.1 TITLE		Change Addition
NAME	CARNAHAN, KAREN		4 2 NAME	1	
STREET ADDRESS	6800 CINTAS BLVD	1	4.3 STREET		
CITY-ST-ZIP TITLE	CINCINNATI OH	····	4.4 CITY - S 5.1 TITLE	1 - ZIP	Change Addition
	COLETTI, ROBERT E		5.2 NAME	ľ	Change Li Audinon
NAME Street address	6800 CINTAS BLVD		5.3 STREET	VUUBEGG	
CITY-ST-ZIP	CINCINNATI OH		5.4 CITY-S		
TITLE	D		6.1 TITLE	1-20	Director Change Addition
NAME	KLEKAMP, DONALD P.	1	6.2 NAME	1	Jeannough, David T.
STREET ADDRESS	6800 CINTAS BLVD		6.3 STREET	ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		64 CITY-S		Cinimati, OH

14. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or grain attachment with an address.