

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

FILED

Feb 06 1997 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **857867** (6)
1. Corporation Name
RIME CONSTRUCTION CO., INC.



| | |
|---|--|
| Principal Place of Business 500 ROBERT JEMISON RD BIRMINGHAM AL 35209 | Mailing Address 500 ROBERT JEMISON RD BIRMINGHAM AL 35209-3070 |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/23/1983 | 3a. Date of Last Report 01/31/1996 |
|--|--|

| | |
|--|---|
| 2. Principal Place of Business 21 100 Village Street | 2a. Mailing Address 26 100 Village Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State 23 Birmingham, AL | 27 City & State 28 Birmingham, AL |
| 24 Zip 35242 25 Country Shelby | 29 Zip 35242 30 Country Shelby |

| | |
|---|--|
| 4. FEI Number 63-0820852 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**BURKE, LEE
221 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | RIPPS, HAROLD W. | |
| STREET ADDRESS | 500 ROBERT JEMISON RD. BIRMINGHAM AL | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MEISLER, IRVING D | |
| STREET ADDRESS | 500 ROBERT JEMISON RD. BIRMINGHAM AL | |
| CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | NICKLES, LAWRENCE | |
| STREET ADDRESS | 500 ROBERT JEMISON RD. BIRMINGHAM AL | |
| CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | PARKER, CHESTER L., JR. | |
| STREET ADDRESS | 500 ROBERT JEMISON RD. BIRMINGHAM AL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--|--|
| 1.1 TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | RIPPS, HAROLD W. | |
| 1.3 STREET ADDRESS | 100 VILLAGE STREET BIRMINGHAM, AL 35242 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MEISLER, IRVING D. | |
| 2.3 STREET ADDRESS | 100 VILLAGE STREET BIRMINGHAM, AL 35242 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | NICKLES, LAWRENCE | |
| 3.3 STREET ADDRESS | 100 VILLAGE STREET BIRMINGHAM, AL 35242 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | PARKER, CHESTER L., JR. | |
| 4.3 STREET ADDRESS | 100 VILLAGE STREET BIRMINGHAM, AL 35242 | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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, changed, or on an attachment with an address.

SIGNATURE: *Chester L. Parker, Jr.* 1/24/97 (205)995-5658
Chester L. Parker, Jr. Date Daytime Phone # 0475760

CR2E034 (9/96)