

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 837191

1. Corporation Name

RHEINSCHMIDT CONTRACTING CO.

51-96-B-6117-C  
(6)



Principal Place of Business

1100 AGENCY STREET  
P. O. BOX 308  
BURLINGTON IA 52601  
US

Mailing Address

P. O. BOX 308  
P. O. BOX 308  
BURLINGTON IA 52601  
US

3. Date Incorporated or Qualified  
10/14/1976

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

42-1026607

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 must be legible.

DATE

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE PD ☐ DELETE  
NAME RHEINSCHMIDT, LARRY W.  
STREET ADDRESS 111 BRINEY AVE., #908  
CITY-ST-ZIP POMPANO BCH. FL

TITLE ST ☐ DELETE  
NAME MORRIS, DAVID  
STREET ADDRESS 17 EDGEWATER BCH  
CITY-ST-ZIP BURLINGTON IA

TITLE V ☐ DELETE  
NAME RHEINSCHMIDT, JAMES G.  
STREET ADDRESS 2413 BITTERSWEET PLACE  
CITY-ST-ZIP BURLINGTON IA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition  
3. NAME  
4. STREET ADDRESS  
5. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition  
4. NAME  
5. STREET ADDRESS  
6. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition  
5. NAME  
6. STREET ADDRESS  
7. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. 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:

David Morris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26 /96

319-754-7567

CR2E034 (12/95)