

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 # **837419** (1)

1. Corporation Name
RAST CONSTRUCTION, INC.



Principal Place of Business: **2901 SHANNON-OXMOOR RD. P.O. BOX 2072 BIRMINGHAM AL 35201**
Mailing Address: **2901 SHANNON-OXMOOR RD. P.O. BOX 2072 BIRMINGHAM AL 35201**

3. Date Incorporated or Qualified: **11/22/1976**
3a. Date of Last Report: **03/17/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
					63-0707262	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country		Country			
25		30				

9. Name and Address of Current Registered Agent

**FOSS, GEORGE B.
25 WEST FLAGLER ST.
SUITE 501
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, HOLT	1.2 NAME	
STREET ADDRESS	2901 SHANNON-OXMOOR RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, HOLT III	2.2 NAME	
STREET ADDRESS	2901 SHANNON-OXMOOR RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, DANIEL B	3.2 NAME	
STREET ADDRESS	2901 SHANNON-OXMOOR RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAST, BJ	4.2 NAME	
STREET ADDRESS	2901 SHANNON-OXMOOR RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM, AL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Bobby J. Rast Date: 3-11-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 205-942-6888

CP2E034 (12/95)