

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **857867** (6)

1. Corporation Name

**RIME CONSTRUCTION CO., INC.**



Principal Place of Business

Mailing Address

500 ROBERT JEMISON RD  
BIRMINGHAM AL 35209

500 ROBERT JEMISON RD  
BIRMINGHAM AL 35209

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

29 30

3. Date Incorporated or Qualified

09/23/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

63-0820852

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

BURKE, LEE  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIPPS, HAROLD W.	
STREET ADDRESS	500 ROBERT JEMISON RD.	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEISLER, H. A.	
STREET ADDRESS	500 ROBERT JEMISON RD.	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERREY, ELIZABETH	
STREET ADDRESS	500 ROBERT JEMISON RD.	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NICKLES, LAWRENCE	
STREET ADDRESS	500 ROBERT JEMISON RD.	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PARKER, CHESTER L., JR.	
STREET ADDRESS	500 ROBERT JEMISON RD.	
CITY- ST- ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEISLER, FANNY R.	
STREET ADDRESS	500 ROBERT JEMISON RD.	
CITY- ST- ZIP	BIRMINGHAM AL	

1.1 TITLE	CHAIRMAN- DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIPPS, HAROLD W.	
1.3 STREET ADDRESS	500 ROBERT JEMISON RD.	
1.4 CITY- ST- ZIP	BIRMINGHAM, AL. 35209	
2.1 TITLE	PRESIDENT- DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IRVING D. MEISLER	
2.3 STREET ADDRESS	500 ROBERT JEMISON RD.	
2.4 CITY- ST- ZIP	BIRMINGHAM, AL. 35209	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	SEC & TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NICKLES, LAWRENCE	
4.3 STREET ADDRESS	500 ROBERT JEMISON RD	
4.4 CITY- ST- ZIP	BIRMINGHAM, AL. 35209	
5.1 TITLE	VICE-PRES. & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PARKER, CHESTER L. JR.	
5.3 STREET ADDRESS	500 ROBERT JEMISON RD.	
5.4 CITY- ST- ZIP	BIRMINGHAM, AL. 35209	
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 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: *Chester L. Parker Jr.* V. Pres. 1/19/96 (25) 942-7365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day: Daytime Phone #

CR2E034 (12/95)