

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 # F95000000339 (0)

1. Corporation Name

RMIC CORPORATION



Principal Place of Business

4964 UNIVERSITY PARKWAY
WINSTON-SALEM NC 27106

Mailing Address

4964 UNIVERSITY PARKWAY
WINSTON-SALEM NC 27106

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

4. FEI Number

36-3048119

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

WILLIAMS, GREG
4515 GEORGE ROAD, SUITE 355
TAMPA FL 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM G JR.	
STREET ADDRESS	RT. 4131 WEDGE DRIVE	
CITY - ST - ZIP	PFADTOWN NC 27040	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEW, JIMMY	
STREET ADDRESS	BOX 827, BERMUDA RUN	
CITY - ST - ZIP	ADVANCE NC 27006	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUCARDO, AL	
STREET ADDRESS	126 NANTUCKET LANE	
CITY - ST - ZIP	BARRINGTON IL 20010	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMPSON, WILLIAM	
STREET ADDRESS	4964 UNIVERSITY PARKWAY	
CITY - ST - ZIP	WINSTON-SALEM NC 27106	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PASTERNAK, JOEL H	
STREET ADDRESS	4964 UNIVERSITY PKWY.	
CITY - ST - ZIP	WINSTON-SALEM NC 27106	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, FRANK	
STREET ADDRESS	4964 UNIVERSITY PKWY.	
CITY - ST - ZIP	WINSTON-SALEM NC 27106	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ZUCARO, AL
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96 (910) 644-0015

CR2E034 (12/95)